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# EAST SUSSEX COUNTY COUNCIL.

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## ANNUAL REPORT

UPON THE

### HEALTH & SANITARY CONDITION OF THE COUNTY,

For the Year ended 31st December, 1933,

BY

R. ASHLEIGH GLEGG, M.D., D.P.H.,

County Medical Officer of Health,

Chief Tuberculosis Officer and School Medical Officer.

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HASTINGS :

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TO THE CHAIRMAN AND MEMBERS OF THE EAST SUSSEX COUNTY COUNCIL.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Sixth Annual Report, and the thirty-ninth of the series, on the Health of the Administrative County of East Sussex relating to the calendar year 1933.

The protection of the health of the community is primarily the duty of the District Councils, which are the Sanitary Authorities, but the County Council exercise general supervision over local sanitary administration, and in recent years have been given specific statutory powers and duties to provide means for the betterment of the health of the inhabitants of the County. This Report, while it deals with matters which are of general public health interest, is chiefly concerned with the administration of the Acts, Orders and Regulations under which the County Council are directly concerned with health administration. The work undertaken under the Maternity and Child Welfare Act is of fundamental importance. Under its provisions the County Council have been given wide powers to provide measures to combat preventable sickness and mortality in women and young children. They are also the designated Authority for the administration of the Midwives Acts (except in the Borough of Hove), and of the Sections of the Education Act, 1925, which provide for the medical inspection and treatment of children attending the public elementary Schools (except in Bexhill, Hove and Lewes), and secondary schools throughout the County. In fulfilment of the requirements of these three enactments the County Council have established medical, dental, midwifery and nursing services for the safe-guarding of motherhood and for the protection of the health of children from birth until school leaving age.

In this County the midwifery service and the service for health visiting and nursing are provided for through grant-aided District Nursing Associations which cover the County, supervised by the Superintendent of the County Nursing Federation, and by five District Nursing Superintendents appointed by the County Council. That their work is highly satisfactory may be seen from a perusal of the section of this Report which deals with Maternity and Child Welfare. It is the policy of the Council to enlarge small uneconomic areas by amalgamations of adjoining associations, where they can be satisfactorily served by one nurse with motor transport. This policy, by increasing the financial resources of the Associations, permits of the employment of nurses who have received three years' hospital training with subsequent midwifery, district and health visiting training, thus raising the standard of district nursing in the County.

The County Council are also the Authority entrusted with the duty of providing special measures for the prevention and treatment of tuberculosis and of venereal disease.

For venereal disease the Council have made arrangements, in conjunction with other Councils, for treatment clinics which are held in connection with the larger voluntary hospitals in Brighton, Hastings and Tunbridge Wells. Owing to the fact that secrecy has to be maintained regarding those who attend the clinics, the County Medical Officer of Health is unable to exercise any influence over the attendances, and preventive work is limited to instruction of the public through general and special addresses on health subjects.

For the treatment of tuberculosis the Council administer a scheme under which Tuberculosis Officers, who have X-ray and other facilities afforded them for diagnosis, are available for consultation by medical practitioners. Tuberculosis Dispensaries have been established in four centres in the County, which are used for consultation purposes and for the treatment of patients whose circumstances warrant their attendance. The Report by Dr. Beeley, Chief Clinical Tuberculosis Officer, is given in the Tuberculosis Section of this Report. The County Sanatorium has been greatly improved structurally and is well equipped in every respect to provide treatment on modern lines. An interesting report is submitted by Dr. Dingley, the Medical Superintendent, which demonstrates how much more is now done by way of direct treatment for both pulmonary and surgical tuberculosis than was formerly the case; and describes the means taken to rehabilitate patients for work on their discharge.

Cases of surgical tuberculosis in children are dealt with under a special scheme for orthopædic treatment which is reviewed by Dr. Murray Levick in this Report. The results of orthopædic treatment have been highly satisfactory.

In order to reduce the risk of tuberculosis being contracted from milk infected with this disease, the County Council are responsible for the supervision of all milk-producing cattle under the Milk and Dairies Acts and Orders. In this field of work a greatly improved service has been provided through the appointment of whole-time Veterinary Officers. As the earliest evidence of the existence of tubercle-bacilli in milk is obtained by biological examination of milk samples, it would be an advantage if milk sampling were undertaken more systematically and on a larger scale. The milk industry is becoming an increasingly important one in the County. Its development could be accelerated if the medical profession had confidence that milk as a food could be recommended as being not only clean but free from danger of transmitting tuberculosis and other diseases.

Other statutory work of the County Council dealt with in this Report includes the care of the blind and of the mentally defective, and the domiciliary and institutional medical service provided for public assistance, also the work undertaken in connection with the administration of the Food and Drugs (Adulteration) Act and the Public Health (Preservatives, etc., in Food) Regulations, and, jointly, with the District Councils, the administration of the Acts for the prevention of Rivers Pollution.

The proposals made under Section 46 of the Local Government Act, 1929, for the alteration of the boundaries of the County Districts were approved by the County Council during the year. The alterations made reduced the number of municipal boroughs and urban districts from 13 to 10 and of rural districts from 11 to 5 and became operative on the 1st April, 1934.

Arrangements were made during the year whereby District Councils might appoint Medical Officers of Health, as vacancies occurred, who should give their whole time to the work. These arrangements involved the appointment of District Medical Officers of Health as Assistant County Medical Officers, to carry out school medical work, and, in two cases, tuberculosis officers' duties. In this way, the public health work of the County Council and of the District Councils will be effectively co-ordinated.

The appointment, by the County Council in June, 1930, of a County Health Inspector has been amply justified by the great assistance which Mr. Jessop, the holder of the office, has given in providing expert reports on sanitary matters. In 1933, amongst his other activities, he carried out a survey of the water supplies of the County and presented a comprehensive report thereon, which afforded evidence of the need for the formation of an Advisory Board, which has since been formed to co-ordinate efforts to improve the provision in localities where supplies are insufficient.

A special general survey of the public health services of the County Council was made by officers of the Ministry of Health during 1933.

Dr. Hoare, H.M. Coroner for the Lewes District, has prepared a very interesting Note on the Inquests held in his district during the year which is submitted on page 40 of this Report. I would draw attention to his observations on the prevention of road fatalities and particularly to his recommendation that a fixed speed limit should be introduced over areas shown to need special caution by the "white line." His further recommendation that where coloured road signals are used, coloured trade signs near-by should be eliminated, is one that should receive serious consideration by the Authority.

I gratefully acknowledge the consideration given to my Reports during the year by the Committees of the County Council responsible for health administration. Their support has been a great encouragement to myself and to the staff of the Health Department, to whom I am indebted for whole-hearted co-operation in maintaining an efficient service.

I am,

Your obedient Servant,

R. ASHLEIGH GLEGG,

*County Medical Officer of Health and  
School Medical Officer.*

COUNTY HEALTH DEPARTMENT,

COUNTY HALL,

LEWES.

31st August, 1934.

## MEMBERS OF COMMITTEES, 1933-1934.

### THE PUBLIC HEALTH AND HOUSING COMMITTEE.

SIR G. M. BOUGHEY, Bart.	MR. C. J. HONISETT.
MR. H. M. W. BRIDGMAN, M.D. (the late).	MR. H. W. LOOKER.
CAPT. C. H. COTESWORTH.	LT.-COL. P. A. MACGREGOR, D.S.O.
CAPT. C. F. GARDNER.	MRS. C. I. MEADS.
MR. J. GIBB.	MR. H. OSBOURNE.
MR. T. GODFREY.	MRS. E. RICHMOND.
MISS A. E. HALL.	MR. B. SPRING RICE
MR. C. HALES.	LT.-COL. A. S. SUTHERLAND-HARRIS (the late).
MISS M. M. HAMPTON.	MR. P. LENNOX WRIGHT (Chairman).
MR. J. L. P. W. HEWISON.	

*Ex-officio:* The Chairman of the County Council—Mr. C. H. S. Ellis and the Vice-Chairman of the County Council—Col. H. I. Powell Edwards, D.S.O.

### THE MATERNITY AND CHILD WELFARE COMMITTEE.

Chairman—MR. B. SPRING RICE.

The Members of the Public Health and Housing Committee with the addition of the following:—

MISS M. S. HOLGATE.	MRS. SHOESMITH.
MRS. M. A. SHIRLEY.	MRS. R. L. THORNTON.
MR. A. E. CAWSTON, M.R.C.S.	

### THE COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE.

*(Members of the County Council.)*

MR. J. T. BRIDGER.	MRS. C. I. MEADS.
MR. C. V. BRUMWELL.	MR. G. S. SPICER, C.B.
MR. H. C. BURRA.	MR. O. H. SWANN.
MR. C. H. S. ELLIS.	MR. A. TURNER.
LT.-COL. P. A. MACGREGOR, D.S.O.	MR. R. WHITTINGTON, M.D. (Chairman).

*(Co-opted Members.)*

MISS M. BEALE.	MISS E. PAYNE (the late)
*MR. H. DURRANT.	MR. J. WOOLLAND.
*MISS M. M. HAMPTON.	*MR. P. LENNOX WRIGHT.
MRS. M. H. OWEN.	(*Also Member of County Council).

### STAFF OF COUNTY PUBLIC HEALTH DEPARTMENT.

County Medical Officer of Health, School Medical Officer, and Chief Tuberculosis Officer	... ... ...	R. Ashleigh Glegg, M.D., Ch.B., D.P.H.
Deputy County Medical Officer of Health, and Chief Clinical Tuberculosis Officer	... ... ...	Arthur Beeley, M.Sc., M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Deputy School Medical Officer and Junior Assistant County Medical Officer, also Medical Officer of Health and School Medical Officer, Borough of Lewes, etc....	... ... ...	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
Assistant School Medical Officer and Junior Assistant County Medical Officer...	... ... ...	Sir Alan Hilary Moore, Bart., M.B., B.Ch., D.P.H.
Consultant for Physical Treatment (part time) "	... ...	William Gillitt, C.I.E., M.D., M.R.C.S., L.R.C.P., D.P.H., Surgeon-Commander G. Murray-Levick, R.N., M.R.C.S., L.R.C.P.
Orthopaedic Surgeon (part time) ...	...	G. K. McKee, M.R.C.S., L.R.C.P.
Medical Superintendent of County Sanatorium for Tuberculosis, Robertsbridge ...	... ... ...	John R. Dingley, M.B., B.S., M.R.C.S., L.R.C.P.
Assistant Medical Superintendent of County Sanatorium for Tuberculosis, Robertsbridge ...	... ... ...	Mrs. Ruth Dingley, M.A., M.D., M.R.C.S., L.R.C.P.
Medical Superintendent of Southlands Hospital and Assistant County Medical Officer (Institutions) ...	...	E. Bruce Low, M.B., B.Ch., D.P.H.
Assistant Medical Superintendent, Southlands Hospital ...	...	C. F. Lynch, M.B., B.Ch., D.P.H.
Assistant Clinical Tuberculosis Officer (part time) ...	...	N. E. Chadwick, M.A., M.D., M.B., B.Ch., M.R.C.S., D.P.H.
Consulting Throat Surgeon at Sanatorium " ...	...	N. D. Dunscombe, M.A., M.B., B.Ch., D.P.H.
Consulting Orthopaedic Surgeon at Sanatorium ...	...	Gilbert Howells, F.R.C.S.
Consulting Surgeon at Sanatorium ...	...	N. St. John J. G. D. Buxton, M.B., B.S., F.R.C.S., L.R.C.P.
County Dental Surgeon ...	...	Derrick J. Martin, M.B., B.S., F.R.C.S., L.R.C.P.
" " " ...	...	Arnold Court, L.D.S., R.C.S.
Dental Surgeon at Sanatorium (part time) ...	...	Wilfred Eddings, L.D.S., R.C.S.
County Health Inspector ...	...	G. J. S. Rose, L.D.S., R.C.S.
Chief Clerk ...	...	K. F. Pedley, L.D.S., R.C.S.
Inspector of Midwives and Superintendent of the East Sussex County Nursing Federation	...	H. Jessop.
District Nursing Superintendents—		George F. Akehurst.
District 1 ... ... ...	...	Miss E. M. Wyatt, M.B.E., A.R.San.I., S.R.N., Certified Midwife.
" 2 ... ... ...	...	Miss H. E. Hall, S.R.N., Certified Midwife.
" 3 ... ... ...	...	Miss A. G. Mitchell, S.R.N., Certified Midwife.
" 4 ... ... ...	...	Miss C. Higginson, S.R.N., Certified Midwife.
" 5 ... ... ...	...	Miss A. Griffiths, S.R.N., Certified Midwife.
Orthopaedic Nurse ...	...	Miss A. Brown, S.R.N., Certified Midwife.
Home Visitor under Mental Deficiency Acts } to Feeble-minded Children }	...	Miss G. M. K. N. Lindop, C.S.M.M.G.
Analyst under the Sale of Food and Drugs Acts ...	...	Mrs. F. Ayshford Ayre.
Inspectors of Weights and Measures—		Samuel Allinson Woodhead, D.Sc., F.I.C.
Lewes District, No. 215... ... ...	...	William Chamberlain.
Rye District, No. 216 ... ... ...	...	John J. Murphy.
County Veterinary Inspector ...	...	D. Johnston, M.R.C.V.S.
" " " ...	...	G. F. Pickering, M.R.C.V.S.

## SANITARY DISTRICTS, 1933.

DISTRICT.	Census Population		Population Estimated by Registrar General for calculation of birth and death rates, 1933.	MEDICAL OFFICER OF HEALTH.
	1921.	1931.		
	As enumerated.	As enumerated.		
<b>BOROUGHS—</b>				
BEXHILL ...	20,363	21,229	<b>21,100</b>	Nicholas D. Dunscombe, M.A., M.B., B.Ch., D.P.H.
HOVE ...	46,507	54,993	<b>57,160</b>	Norman E. Chadwick, M.A., M.D., M.B., B.Ch., M.R.C.S., D.P.H.
LEWES ...	10,797	10,784	<b>11,440</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
RYE ...	3,920	3,947	<b>4,005</b>	Thomas Tomkinson Harratt, M.R.C.S., L.R.C.P.
<b>URBAN DISTRICTS—</b>				
BATTLE ...	2,891	3,491	<b>3,637</b>	Daniel Brough, M.B., C.M., M.R.C.S., L.R.C.P., D.P.H.
BURGESS HILL ...	5,647	5,974	<b>6,265</b>	*H. W. Beach, M.R.C.S., L.R.C.P., D.P.H.
CUCKFIELD ...	1,928	2,114	<b>2,086</b>	*H. W. Beach, M.R.C.S., L.R.C.P., D.P.H.
EAST GRINSTEAD	7,322	7,902	<b>8,300</b>	W. E. Wallis, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
HAYWARDS HEATH	5,091	5,391	<b>5,892</b>	*H. W. Beach, M.R.C.S., L.R.C.P., D.P.H.
NEWHAVEN ...	6,435	6,789	<b>6,481</b>	Rodie Parkhurst, M.B., C.M.
PORTSLADE-BY-SEA	8,219	9,527	<b>9,885</b>	Norman E. Chadwick, M.A., M.D., M.B., B.Ch., M.R.C.S., D.P.H.
SEAFORD ...	6,989	6,570	<b>7,792</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
UCKFIELD ...	3,385	3,555	<b>3,657</b>	*Sir Alan Moore, Bart., M.B., B.Ch., D.P.H.
<b>RURAL DISTRICTS—</b>				
BATTLE ...	6,291	6,823	<b>6,983</b>	*Daniel Brough, M.B., C.M., M.R.C.S., L.R.C.P., D.P.H.
CHAILEY ...	12,769	14,035	<b>13,980</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
CUCKFIELD ...	17,283	18,048	<b>18,410</b>	*H. W. Beach, M.R.C.S., L.R.C.P., D.P.H.
EASTBOURNE ...	5,812	6,794	<b>7,034</b>	*Wm. Gillitt, C.I.E., M.D., M.R.C.S., L.R.C.P., D.P.H.
EAST GRINSTEAD	13,845	15,282	<b>15,810</b>	*Sir Alan Moore, Bart., M.B., B.Ch., D.P.H.
HAILSHAM ...	18,462	20,009	<b>20,120</b>	*Wm. Gillitt, C.I.E., M.D., M.R.C.S., L.R.C.P., D.P.H.
HASTINGS ...	1,871	2,488	<b>2,712</b>	Frank Benjamin Lewis, L.R.C.P., L.R.C.S.
NEWHAVEN ...	2,844	5,437	<b>5,837</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
RYE ...	6,925	7,284	<b>7,584</b>	Walter Wynne, M.B., C.M.
TICEHURST ...	12,938	13,239	<b>13,020</b>	*Sir Alan Moore, Bart., M.B., B.Ch., D.P.H.
UCKFIELD ...	26,757	25,090	<b>24,910</b>	*Sir Alan Moore, Bart., M.B., B.Ch., D.P.H.
<b>PORT SANITARY AUTHORITIES—</b>				
NEWHAVEN ...	—	—	—	Rodie Parkhurst, M.B., C.M.
NEW SHOREHAM	—	—	—	W. J. Butcher, M.R.C.S., L.R.C.P., D.P.H.

\* Temporary appointment.

### AREA AND POPULATION.

The Administrative County of East Sussex is 507,069 acres in extent (39,991 acres in Urban and 467,078 acres in Rural Districts). There are 148 civil parishes, of which eight are situated within the Boroughs. The rateable value for the whole of the Administrative County, as on the 1st April, 1933, was £2,545,544 and the product of a 1d. rate was estimated at £9,862. Within the Administrative County there are the two Port Sanitary Authorities of Newhaven and New Shoreham. Apart from agriculture the County has few industries and is mainly residential in character.

### CHIEF VITAL STATISTICS FOR THE YEAR 1933.

TABLE I.

Group.	Population estimated by Registrar General for Birth and Death Rates.	Live Births.		Deaths.		Infant Deaths.		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases.		Deaths from Cancer.	
		No.	* Rate.	No.	* Rate.	No.	† Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.
3 Large Towns	89,700	854	9.52	1403	15.64	49	57.37	347	3.87	41	.46	12	.13	131	1.46	216	2.41
10 other Urban Districts ...	58,000	738	12.72	687	11.84	38	51.49	175	3.02	29	.5	9	.16	58	1	106	1.83
11 Rural Districts ...	136,400	1712	12.55	1630	11.95	62	36.22	417	3.06	56	.41	18	.13	161	1.18	219	1.61
Whole County ...	284,100	3304	11.63	3720	13.09	149	45.09	939	3.31	126	.44	39	.14	350	1.23	541	1.01

† Rates calculated per 1,000 of the registered live births. \* Rates calculated per 1,000 of the estimated population.

TABLE II.

Number of deaths at different periods of life in the Administrative County during the year 1933.

Sex.	Urban Districts.										Rural Districts.													
	All ages.	Under 1 yr.	1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75	All ages.	Under 1 yr.	1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75
Males	917	51	7	10	13	22	32	48	70	146	229	289	847	30	5	11	19	26	31	31	83	128	201	282
Females	1173	36	5	4	13	20	22	48	82	177	280	486	783	32	5	2	9	13	24	39	71	102	200	286
Total	2090	87	12	14	26	42	54	96	152	323	509	775	1630	62	10	13	28	39	55	70	154	230	401	568

TABLE III.

VITAL STATISTICS (1933).

DISTRICT.	Area in statute acres (land and inland water), 1931.	Inhabited houses at census 1931.	Persons per House at census 1931.	Population estimated by Registrar General, 1933.	Density of Population, 1933.	Live Births.		Still Births.		Deaths under 1 year of age.		Deaths at all Ages belonging to the District.		Death Rate per 1000 Population.	
						Number.	Rate per 1000 population.	Number.	Rate per 1000 population.	Number.	Rate per 1000 Total births.	Number.	Rate per 1000 live Births Registered.		
<i>Three Large Towns.</i>															
Bexhill ...	7993	4548	4.7	21100	2.65	223	10.57	9	.43	38.8	14	62.78	304	14.41	
Hove ...	3953	12358	4.4	57160	14.46	504	8.82	22	.38	41.8	28	55.56	950	16.62	
Lewes ...	1043	2836	3.8	11440	10.97	127	11.1	4	.35	30.5	7	55.11	149	13.02	
TOTALS ...	12989	19742	4.4	89700	6.8	854	9.52	35	.39	40.9	49	57.37	1403	15.64	
<i>Ten other Urban Districts.</i>															
Battle ...	8252	903	3.9	3637	.44	44	12.09	0	0.	0.	4	90.9	43	11.82	
Burgess Hill ...	1496	1553	3.8	6265	4.19	100	15.96	3	.48	29.13	9	9.	100	15.96	
Cuckfield ...	863	482	4.4	2086	2.42	18	8.64	0	0.	0.	0	0.	28	13.42	
East Grinstead ...	6503	1898	4.2	8300	1.28	111	13.37	2	.24	17.7	1	9.	86	10.36	
Haywards Heath ...	928	1301	4.1	5892	6.35	62	10.52	4	.67	60.61	4	64.51	62	10.52	
Newhaven ...	1184	1493	4.5	6481	5.47	92	14.2	3	.46	31.58	4	43.47	97	14.97	
Portslade-by-Sea ...	1953	2117	4.5	9885	5.06	139	14.06	2	.2	14.18	8	57.55	110	11.12	
Rye ...	985	1101	3.6	4005	4.07	53	13.23	2	.49	36.36	1	18.87	43	10.73	
Seaford ...	3078	1480	4.4	7792	2.53	72	9.24	0	0.	0.	3	41.66	69	8.85	
Uckfield ...	1760	871	4.1	3657	2.07	47	12.85	1	.27	20.79	4	85.1	49	13.4	
TOTALS ...	27002	13199	4.2	58000	2.15	738	12.72	17	.29	22.52	38	51.49	687	11.84	
<i>Eleven Rural Districts.</i>															
Battle ...	37098	1804	3.8	6983	.19	103	14.74	2	.28	19.05	3	29.12	94	13.46	
Chailey ...	49961	3154	4.4	13980	.28	181	12.94	5	.35	25.81	6	33.14	158	11.3	
Cuckfield ...	57288	4588	3.9	18410	.32	225	12.22	7	.38	30.17	6	26.67	217	11.78	
Eastbourne ...	32477	1738	3.9	7034	.21	88	12.51	1	.14	11.24	2	22.72	64	9.09	
East Grinstead ...	45809	3867	3.9	15810	.34	194	12.27	4	.25	20.22	5	25.77	167	10.56	
Hailsham ...	58062	4828	4.1	20120	.34	260	12.92	9	.45	33.47	11	42.3	231	11.48	
Hastings ...	9614	749	3.3	2712	.28	35	12.9	0	0.	0.	2	57.14	33	12.17	
Newhaven ...	19565	1466	3.7	5837	.29	70	11.99	2	.34	27.78	3	42.85	66	11.3	
Rye ...	37264	2026	3.6	7584	.2	96	12.65	6	.79	58.82	2	20.83	93	12.26	
Ticehurst ...	45914	3398	3.9	13020	.28	170	13.06	9	.68	50.27	5	29.41	167	12.82	
Uckfield ...	74026	6311	3.9	24910	.33	290	11.64	8	.32	27.85	17	58.62	340	13.65	
TOTALS ...	467078	33929	3.9	136400	.29	1712	12.55	53	.39	30.03	62	36.22	1630	11.95	
<b>TOTALS FOR COUNTY ...</b>	<b>507069</b>	<b>66870</b>	<b>4.1</b>	<b>284100</b>	<b>.56</b>	<b>3304</b>	<b>11.63</b>	<b>105</b>	<b>.37</b>	<b>30.8</b>	<b>149</b>	<b>45.09</b>	<b>3720</b>	<b>13.09</b>	

TABLE IV (a).

## Causes of and Ages at Death during the year 1933 in the Urban Districts.

Deaths in or belonging to Districts,  
at subjoined ages.

## CAUSES OF DEATH

All Causes	2090	87	12	14	26	42	54	96	152	323	509	775	304	950	149	43	43	100	28	86	62	97	110	69	49			
1. Typhoid and paratyphoid Fevers	3	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—			
2. Measles	6	1	2	—	2	1	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	3	—	—		
3. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
4. Whooping Cough	5	2	—	1	2	—	—	—	—	—	—	—	2	1	—	—	1	—	—	—	—	—	—	—	1	—		
5. Diphtheria	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Influenza	92	3	—	—	2	1	—	1	5	1	14	19	43	7	43	10	1	3	—	6	3	3	5	4	2	2		
7. Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Tuberculosis of the respiratory system	70	—	—	—	10	17	19	9	13	1	1	1	—	—	4	2	—	—	3	2	—	—	3	1	—	—		
10. Other tuberculous diseases	21	1	2	—	4	2	4	—	—	1	—	—	—	1	10	2	—	—	—	—	—	—	—	1	4	1	—	
11. Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
12. General paralysis of the insane, tabes dorsalis	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
13. Cancer, Malignant Disease	322	—	—	—	1	2	1	14	37	70	109	88	42	148	26	5	5	14	4	14	7	18	21	13	5	—		
14. Diabetes	48	—	—	—	—	—	—	—	2	1	2	1	11	15	15	7	29	2	2	1	—	—	1	4	1	—		
15. Cerebral haemorrhage, etc.	111	—	—	—	—	—	—	—	1	—	—	—	13	35	57	13	5	3	2	2	2	—	—	5	6	3	—	
16. Heart Disease	522	—	—	—	—	—	—	2	5	13	28	79	132	263	88	229	30	17	9	28	7	18	15	21	28	17	15	—
17. Aneurysm	6	—	—	—	—	—	—	—	1	—	—	—	2	1	—	2	3	—	1	—	—	—	—	—	—	—	—	
18. Other Circulatory Diseases	130	—	—	—	—	—	—	—	—	—	—	—	4	10	43	73	25	49	7	2	8	9	2	8	6	3	2	
19. Bronchitis	69	1	—	—	—	—	—	—	1	—	—	—	1	1	4	6	13	43	9	30	4	—	2	1	2	3	2	
20. Pneumonia (all forms)	101	9	2	3	1	2	3	7	6	19	26	23	13	53	9	—	1	9	2	4	3	1	5	1	—	—	—	
21. Other respiratory diseases	19	—	—	—	—	—	—	—	—	—	—	—	3	7	8	2	9	3	—	—	—	—	—	—	—	—	—	
22. Peptic ulcer	17	—	—	—	—	—	—	—	1	1	2	2	5	3	3	2	8	3	—	—	—	—	—	—	3	—	—	
23. Diarrhoea, etc. (under 2 years)	4	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	
24. Appendicitis	7	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
25. Cirrhosis of liver	8	—	—	—	—	—	—	—	—	—	—	—	1	1	3	1	2	4	—	—	—	—	—	—	2	—	—	
26. Other diseases of liver, etc.	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
27. Other digestive diseases	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
28. Acute and chronic nephritis	72	—	—	—	—	—	—	—	1	1	1	4	8	13	26	19	7	27	1	—	—	—	—	—	—	—	—	
29. Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30. Other puerperal causes	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31. Congenital Debility, premature birth, malformations, etc.	60	58	1	—	—	—	—	—	—	—	—	—	7	61	4	34	15	—	—	2	7	—	—	1	3	3	2	
32. Senility	—	—	—	—	—	—	—	—	—	—	—	—	2	10	2	8	23	5	1	2	7	—	—	2	2	2	—	
33. Suicide	—	—	—	—	—	—	—	—	—	—	—	—	4	6	3	8	12	4	3	1	6	—	—	2	1	4	2	
34. Other violence	—	—	—	—	—	—	—	—	—	—	—	—	6	10	2	3	9	8	28	4	3	1	6	—	3	2	2	
35. Other defined diseases	172	3	2	—	5	4	—	—	—	—	—	—	30	45	44	39	84	12	4	7	—	—	5	3	6	4	4	
36. Causes ill-defined or unknown	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Deaths of Infants under 1 year	Total	Legitimate	Illegitimate
	14	28	7

BOROUGHS.	Bexhill	Rye.	Hove.	Levenses.	Groombridge Hill.	Cuckfield.	East Grinstead.	Hastings.	Newhaven.	Portslade.	Seaford.	Uckfield.
75 and upwards.	—	—	—	—	—	—	—	—	—	—	—	—
65 and under 75.	—	—	—	—	—	—	—	—	—	—	—	—
55 and under 65.	—	—	—	—	—	—	—	—	—	—	—	—
45 and under 55.	—	—	—	—	—	—	—	—	—	—	—	—
35 and under 35.	—	—	—	—	—	—	—	—	—	—	—	—
25 and under 25.	—	—	—	—	—	—	—	—	—	—	—	—
15 and under 15.	—	—	—	—	—	—	—	—	—	—	—	—
5 and under 5.	—	—	—	—	—	—	—	—	—	—	—	—
All Ages.	2090	87	12	14	26	42	54	96	152	323	509	775

**TABLE IV (b).**  
**Causes of and Ages at Death during the year 1933 in the Rural Districts.**

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.										Deaths in or belonging to each District, at all ages.												
	All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and upwards.	Battle.	Cuckfield.	Eastbourne.	Fristhinstead.	Hastings.	Newhaven.	Rye.	Ticehurst.	Uckfield.		
1. Typhoid and paratyphoid fevers .. .. .. .. ..	1630	62	10	13	28	39	55	70	154	230	401	568	94	158	217	64	167	231	33	66	93	167	340
2. Measles .. .. .. .. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever .. .. .. .. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
4. Whooping Cough .. .. .. .. ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria .. .. .. .. ..	4	1	—	—	—	1	2	1	4	7	10	7	13	16	5	4	9	5	8	7	1	—	6
6. Influenza .. .. .. .. ..	62	—	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
7. Encephalitis lethargica .. .. .. .. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Cerebro-Spinal fever .. .. .. .. ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of the respiratory system .. .. .. .. ..	56	—	1	1	9	11	16	11	1	—	—	—	—	—	—	—	—	—	—	—	—	—	16
10. Other tuberculous diseases .. .. .. .. ..	18	2	2	3	2	1	1	1	1	2	1	1	2	1	2	1	2	1	3	2	2	2	3
11. Syphilis .. .. .. .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. General paralysis of the insane, tabes dorsalis .. .. .. .. ..	219	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer, malignant disease .. .. .. .. ..	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Diabetes .. .. .. .. ..	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Cerebral haemorrhage, etc. .. .. .. .. ..	102	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Heart disease .. .. .. .. ..	417	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Aneurysm .. .. .. .. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Other circulatory diseases .. .. .. .. ..	105	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Bronchitis .. .. .. .. ..	70	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Pneumonia (all forms) .. .. .. .. ..	75	9	4	2	3	1	2	6	8	5	19	16	6	11	5	1	11	11	1	5	5	4	15
21. Other respiratory diseases .. .. .. .. ..	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Peptic ulcer .. .. .. .. ..	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Diarrhoea, etc. (under 2 years)	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24. Appendicitis .. .. .. .. ..	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25. Cirrhosis of liver .. .. .. .. ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26. Other diseases of liver, etc. .. .. .. .. ..	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27. Other digestive diseases .. .. .. .. ..	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28. Acute and chronic nephritis .. .. .. .. ..	56	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29. Puerperal sepsis .. .. .. .. ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Other puerperal causes .. .. .. .. ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Debility, premature birth, malformations, etc. .. .. .. .. ..	38	35	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	6	1	4	6	2
32. Senility .. .. .. .. ..	55	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	11	5	1	2	8	2
33. Suicide .. .. .. .. ..	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	8	3	3	3	8
34. Other violence .. .. .. .. ..	71	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	2	1	1	1	1	3
35. Other defined diseases .. .. .. .. ..	143	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38	6	13	22	8	10	19
36. Causes ill-defined or unknown .. .. .. .. ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	1
Deaths of Infants under 1 year	Total	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	6	2	5	11	2	5
Illegitimate	Total	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1

### BIRTH-RATE.

The total number of live births registered in the Administrative County during the year was 3,304 or 150 fewer than in 1932. Of the live births, 178 were illegitimate, giving a percentage of 5.38. In addition to the live births, 105 still-births, of which 9 were illegitimate, were registered. The birth-rate for the County was **11.63** live births per 1,000 of the population, a rate which was .65 per 1,000 below that for the year 1932. The rate for England and Wales was 14.4 per 1,000. The number of births registered was lower by 416 than the registered deaths. If, therefore, the increase in population was dependent upon the excess of births over deaths, the population would be less than in the previous year. The population, however, is estimated by the Registrar-General to be 3,000 in excess of that in 1932, due, no doubt, to the fact that many persons come from other areas to reside in the County in their retirement.

In previous reports I have commented upon the effect of the present-day efforts to reduce the population by spreading a knowledge of methods of contraception. That these efforts, which are being pursued with ever-increasing forcefulness by influential societies, are successful may be judged by the progressive decline in the birth-rate. This, in itself, would not be a serious matter from the racial standpoint if it was uniform in operation throughout the whole population. It is well-known, however, that the reduction is effective chiefly amongst those members of the community who should be depended upon to provide the State with the best type of citizen for the future, whereas there is no limitation to the progeny of those who are mentally and physically less fit than their fellows. The advocates of contraception are on sure ground when they apply their teaching to persons who, for medical reasons, should not have children. They go far beyond this unfortunately, and are pressing for the practice of contraception by all who are capable of understanding their teaching. This cannot but lead to racial degeneration. The Ministry of Health have authorised Local Authorities to provide instruction in contraception at separate sessions of Maternity and Child Welfare Clinics to married women when pregnancy would be detrimental to their health. Birth control, on such lines, would be eugenic in its effect, and a full measure of opportunity might, with great advantage, be afforded by the County Council, for the instruction of married women in the County suffering from serious constitutional disease or mental disorder or defect.

### DEATH-RATES.

#### General Death-Rate.

The general death-rate for the Administrative County was **13.09** per 1,000 of the population as compared with a rate of 13.21 in 1932. The rate for England and Wales was 12.3 per 1,000. There were 3,720 deaths registered in the County, 6 more than in 1932, 2,090 deaths occurred at all ages in the Urban Districts and 1,630 in the Rural Districts as compared with 2,090 and 1,624 respectively in 1932. The slight increase in the number of deaths in 1933, was chiefly owing to there being more deaths from influenza, heart and circulatory diseases and bronchitis. For the first time for some years there was a decrease in the number of deaths from cancer. Special reference is made under the appropriate headings below to infant mortality, maternal mortality and to deaths from heart disease, diseases of the respiratory organs, tuberculosis and cancer.

#### Infant Mortality.

There were 149 deaths of infants under one year of age in the year 1933, giving a rate of **45.09** per 1,000 births as compared with 151 deaths and a rate of 43.72 in 1932. The higher rate, in spite of fewer deaths in infancy, resulted from the calculation being made on fewer births. In the Rural Districts the rate was only 36.22 as against 45.58 in 1932. Of the 149 deaths in 1933, 13 were of illegitimate infants. The infant mortality rate of illegitimate infants was 73.03 per 1,000 births, which rate was 28 per 1,000 more than the legitimate rate of 45.09 per 1,000.

Of 117 deaths of infants notified by the Registrars of Births and Deaths during the year 1933, 77 died during the first month of life, 12 between one and three months, 9 between three and six months, and 19 between six and twelve months. The causes of death during the first year of life were mainly congenital debility, premature birth, malformation, and other injurious conditions before and at the time of birth.

The following statement shows the average death-rates of infants under one year per 1,000 births for five-year periods from 1906 to 1930, and also for the three-year period from 1931 to 1933:—

TABLE V.

*Deaths at ages under one year per 1,000 births.      Average rates at quinquennial periods and for the three-year period 1931 to 1933.*

Period.		East Sussex.	England and Wales.
1906 to 1910 ...	...	79.8	116.8
1911 to 1915 ...	...	73.4	109.6
1916 to 1920 ...	...	63.1	90.6
1921 to 1925 ...	...	48.0	75.8
1926 to 1930 ...	...	44.7	67.8
1931 to 1933 ...	...	44.05	65.0

It is interesting to note that in 1915, the year in which the Maternity and Child Welfare Scheme in this County was inaugurated, the infantile mortality rate was 86.07 per 1,000 births, and that since then this mortality rate has been almost halved, thereby representing a saving, in 1933, of the lives of about 42 more infants in every 1,000 born than was the case in 1915. In other words, in 1915 only 914 infants out of every 1,000 survived the first year of life, as compared with 956 at the present time. Similar results have been experienced throughout the whole of England and Wales.

#### **Maternal Mortality.**

It is recorded in connection with the 3,409 live and stillbirths that 9 women lost their lives from causes directly due to child-bearing or 10 fewer than in 1932, representing a Maternal Mortality rate for the Administrative County of **2.64** per 1,000 live and stillbirths, as compared with a rate of 5.28 in 1932. Only 2 of the 9 women died from puerperal sepsis, representing a rate of **.59** per 1,000, the remaining 7 died from other causes, representing a rate of **2.05** per 1,000. The 9 deaths include 2 from causes other than sepsis, which occurred within the area of the Borough of Hove, which is a Local Authority for maternity and child welfare, representing a rate for the Borough of 3.8 per 1,000 total births. There were, therefore, 7 deaths in the maternity and child welfare area of the Administrative County of East Sussex, giving a death rate of **2.42** per 1,000 (**.69** per 1,000 from sepsis, and **1.73** per 1,000 from other causes). The rate for the whole of England and Wales was 4.23 per 1,000 (1.71 from sepsis and 2.52 from other causes).

Each maternal death occurring in the Administrative County was the subject of a special enquiry, and full information was supplied to the Special Committee of the Ministry of Health on Maternal Mortality. Of the 7 deaths referred to above, 3 occurred amongst residents of the County area who were at the time of death in hospitals outside the County.

The following Table sets out the maternal mortality rate for each year during the last twelve years.

**TABLE VI.**

Year.	England and Wales.	Administrative County of East Sussex (including the Borough of Hove).	East Sussex Maternity & Child Welfare Area. (i.e., excluding the Borough of Hove).
1922	3.81	4.56	4.6
1923	3.82	2.85	2.7
1924	3.9	3.31	3.9
1925	4.08	2.6	2.4
1926	4.12	3.08	3.1
1927	4.11	5.02	4.6
1928	4.43	4.39	3.22
1929	4.33	2.9	2.57
1930	4.4	4.5	4.7
*1931	3.94	2.59	2.38
*1932	4.06	5.28	4.64
*1933	4.23	2.64	2.42

\* Per 1,000 births, including stillbirths. The rate in previous years was calculated on live births only.

It will be seen from the Report of the Inspector of Midwives (page 15) that the Maternal Mortality Rate in respect of cases attended by District Nurses acting as midwives, in the year 1933 was still lower than the general Maternal Mortality Rate in the County. 1,234 cases were attended and there were only 2 deaths, which gives a rate of only 1.62 per 1,000. This low rate is evidence of the careful supervision that is exercised and of the co-operation which exists between the nurses and their Superintendents, also of the ever-ready help that is received from medical practitioners in cases of difficulty.

#### **Death Rate from Tuberculosis.**

In East Sussex, in 1933, pulmonary tuberculosis was responsible for 126 deaths, as compared with 131 in the previous year, and 39 deaths from other forms of tuberculosis as compared with 31 in 1932. The death rate from pulmonary tuberculosis was **.44** per 1,000 of the population, and from other tuberculous diseases **.13** per 1,000 in 1933 as compared with .46 and .11 respectively in 1932. The rates for England and Wales for 1933 were: pulmonary tuberculosis **.69** per 1000 and non-pulmonary **.13** per 1000.

The trend of the death rate from pulmonary tuberculosis continues to be downward. Although the reduction in the rate from year to year is small, yet it has been reduced to nearly half what it was in 1913. Pulmonary tuberculosis has its highest incidence at an age when the lives of those attacked are of most value to the community. Reference to Tables IV (a) and (b) will show that the majority of the deaths from pulmonary tuberculosis occur between the ages of 25 and 45. Other tuberculous diseases have a fatal issue at a somewhat earlier age.

The figures given below show the average death rates for England and Wales and for East Sussex for the five-year periods 1909 to 1933.

**TABLE VII.**  
*Deaths from pulmonary tuberculosis. Average rates per 1,000 of the population.*

Period.	East Sussex.	England and Wales.
1909 to 1913	.79	1.02
1914 to 1918	.85	1.17
1919 to 1923	.68	.89
1924 to 1928	.59	.8
1929 to 1933	.49	.69

#### **Death Rate from Diseases of the Respiratory Organs.**

The number of deaths in 1933 from non-tuberculous diseases of the respiratory organs including pneumonia was 350, or over one-eleventh of all the deaths. The deaths from these diseases were less by 3 than in 1932. They are amongst the chief causes of death at the beginning and end of life and should at any rate in infancy be in a large measure preventable. The death rate in 1933 from these diseases was 1.23 per 1,000 of the population as against 1.22 in 1932.

The continued prevalence of influenza in 1933 was, no doubt, to a large extent responsible for the considerable number of deaths under this heading during the year.

#### **Death Rate from Heart Disease.**

There were 939 deaths registered from this cause, mainly in the later years of life. The rate of 3.3 per 1,000 of the population in 1933 is to be compared with 3.21 per 1,000 in 1932. Heart disease is responsible for over one-fourth of all the deaths in the Administrative County. Preventive measures should be directed to the prevention and treatment of rheumatism and other diseases resulting from streptococcal infection. The institution of periodical medical examination after the age of 40 years would bring these diseases under earlier treatment and reduce the incidence of heart disease.

#### **Death Rate from Cancer.**

I have recorded, year by year, that the mortality from malignant disease, or cancer, showed a slow increase; this year there is actually a small decrease. 541 deaths from this disease were registered, as against 570 in 1932. The rate of 1.9 per 1,000 of the population in 1933 was .3 per 1,000 lower than that in 1932. The rate for England and Wales for 1933 was 1.53 per 1000. It will be seen from Tables IV (a) and IV (b) that most of the deaths occur after the age of 45. If the disease is diagnosed in its early stage there is evidence that life can be prolonged by suitable treatment.

#### **Inquests.**

A Table is given, in an Appendix to this Report, of a return of Inquests held in 1933 together with a note by Dr. Hoare on Inquests held for the Lewes Coroner's District during the year.

### **PREVALENCE OF EPIDEMIC AND OTHER INFECTIOUS DISEASES.**

#### **Small Pox.**

It is satisfactory to record that no case of Small Pox occurred in the Administrative County during the year 1933.

#### **Diphtheria.**

There were 75 cases of Diphtheria notified, as against 87 in 1932, thus maintaining the gradual decline in the incidence of this disease which has been recorded during recent years. 6 deaths were reported, giving a case mortality for the year of 8 per cent., as compared with that of 9.19 per cent. for the previous year. The "Schick" method of raising the resistance of the child population to this disease is employed to a large extent amongst school children in the London Metropolitan Boroughs, and consideration should be given to the need for the provision of facilities for this measure of prevention against attack from diphtheria in East Sussex.

#### **Scarlet Fever.**

Four hundred and twenty-four cases of Scarlet Fever were notified during the year 1933, an increase of 105 over the figure for the previous year. The former figure is, however, still 203 less than that for 1929, when 627 cases were notified. Only 1 death from this disease was recorded during 1933, giving a case mortality of .23 per cent. Susceptibility to this disease can be detected by use of the "Dick" test and children can be immunised by a vaccine. The Authority has under consideration the immunisation by this means of children in the Shoreham Children's Home.

#### **Enteric Fever.**

There were 16 cases of this disease notified during the year 1933, being 6 less than in 1932. Three deaths occurred among the 16 cases reported, thus giving a case mortality of 18.7 per cent. The occurrence of this disease is generally considered to be an indication of contamination of water supply. An instance of infection through the consumption of sewage-contaminated shell fish occurred recently in the County, and the disease is also frequently caused by infection from apparently healthy carriers.

### **Puerperal Sepsis.**

During the year 1933, there were 10 cases of Puerperal Sepsis notified, and 24 cases of Puerperal Pyrexia. Only 2 deaths occurred from Puerperal Sepsis, as compared with 9 deaths during the previous year, when 13 cases were notified. Medical practitioners were, in all cases, informed of the facilities provided by the County Council for consultation and treatment. A note on these facilities and on the results of treatment is given under the Section dealing with Maternity and Child Welfare.

### **Encephalitis Lethargica.**

There were 4 cases of this disease notified during 1933, as compared with 6 in the previous year. Unfortunately, the case mortality was 100 per cent. The Registrar General has recorded 5 deaths from this disease, one of which was, no doubt, notified whilst residing outside the County Area.

### **Pneumonia.**

Acute Primary Pneumonia and Acute Influenzal Pneumonia are the only varieties notifiable. 162 cases were notified during 1933, an increase of 20 over the figure for 1932.

### **Ophthalmia Neonatorum.**

Thirteen cases were notified in 1933, as compared with 12 in the previous year (see Section dealing with Maternity and Child Welfare).

### **Acute Poliomyelitis.**

Seven cases of Acute Poliomyelitis were notified. Medical practitioners notifying cases of this disease are communicated with and acquainted with facilities offered by the County Council. Dr. Murray Levick, Consultant for Physical Treatment, visits patients in the home, when requested to do so, and consults with the medical practitioner as to treatment.

Two children suffering from this disease were admitted for treatment to the Heritage Hospital, Chailey, and one to the Wingfield-Morris Orthopædic Hospital, Headington.

### **The Non-Notifiable Infectious Diseases.**

The most important of these are Influenza, Measles, Whooping Cough and Infantile Diarrhoea. The deaths registered from these diseases were as follow :—

Influenza	...	...	...	...	...	154	Whooping Cough	...	...	...	...	7
Measles	...	...	...	...	...	7	Diarrhoea (under 2 years)	...	...	...	...	8

In the area in which the County Council is the Local Education Authority, the Head Teachers are required to report to the School Medical Officer and to the District Medical Officer of Health all cases of suspected infectious disease, including those not notifiable. This enables the District Medical Officer of Health, in co-operation with the School Medical Officer, to take what measures are possible to prevent the spread of infection.

### **ISOLATION HOSPITAL ACCOMMODATION.**

The Isolation Hospital Accommodation available in the Administrative County is as follows :—

#### **(a) Small Pox.**

The only Hospital provided specially for the reception of East Sussex cases of Small Pox is the Sedgebrook Hospital at Plumpton, recognised as having 10 beds on a basis of 144 sq. ft. per bed. This Hospital served seven urban and five rural districts during the year 1933. The Brighton, Eastbourne and Hastings Small Pox Hospitals, which are all situated within the area of the Administrative County, were available for the reception of patients from the remaining districts in the County.

#### **(b) Other Infectious Diseases.**

There are within the Administrative County 10 Isolation Hospitals for diseases other than Small Pox. The accommodation given in each is that recognised by the Ministry of Health :—

<i>Isolation Hospital.</i>	<i>Beds.</i>
Bexhill, Clinch Green	...
Chailey	...
Hurstpierpoint, Deans Farm	...
East Grinstead, High Grove	...
Hailsham	...
Willingdon, Park Croft	...
Hangleton	...
Lewes	...
Newhaven	...
Udimore	...

The Battle Urban and the Battle and Hastings Rural District Councils arranged for the admission of infectious cases from their districts into the Hastings County Borough Sanatorium. The Newhaven Rural District Council made a similar arrangement for the admission of cases to the Brighton Sanatorium, and the Ticehurst Rural District Council arranged to send cases to the Tunbridge Wells Isolation Hospital and to the Hastings Sanatorium.

A survey has been made of the Hospital accommodation for the treatment of infectious diseases in the County in accordance with the provisions of Section 63 of the Local Government Act, 1929, and the matter is still under consideration by the Public Health and Housing Committee. The Ambulances available for the transport of cases of infectious disease are given in the list of Ambulances on page 40.

TABLE VIII.  
Cases of Notifiable Diseases occurring during the year 1933.

\*These figures are taken from the Annual Return made to the County Medical Officer by the Registrar General. In the case of other diseases the figures are extracted from the Weekly Returns made by the District Medical Officers of Health.

### PUBLIC HEALTH ACTIVITIES OF THE COUNTY COUNCIL.

The Public Health Work of the County Council is reported upon hereunder, under the appropriate headings.

#### MATERNITY AND CHILD WELFARE.

##### **Provision of Midwives.**

The arrangements made by the County Council for the provision of a midwifery service were fully described in my Report for the year 1932. The service was adequate for the needs of the County and gave satisfaction.

The maximum annual grants allowed to District Nursing Associations in aid of midwifery and maternity nursing services and infant health visiting in respect of the financial year 1933-34 amounted to £9062. From this amount midwifery and maternity nursing fees received by the Associations were deducted, leaving a total nett grant of £6786.

In addition to the above grant a sum of £337 10s. was paid to the East Sussex County Nursing Federation towards the expenses of the Federation attributable to midwifery, and a sum of £360 in respect of the training of midwives.

Amalgamation of adjacent district nursing associations has been continued during the year in areas which can be efficiently nursed by one nurse with the assistance of motor transport. Twenty-eight District Nursing Associations have now been amalgamated—four during the year—resulting in a reduction of fourteen Associations. Grants in aid of the provision of motor transport have been given in these cases. Grants are also given to 29 other Associations towards the cost of motor transport, where special difficulty in carrying out the work has been proved to the satisfaction of the County Council.

##### **Supervision of Midwives.**

The number of certified midwives on the County Register at the end of 1933 was 160, of whom 157 were trained and 3 untrained. In the Borough of Hove 9 certified midwives were in practice during the year under the supervision of the Hove Town Council.

The following Table shews the number of midwifery and maternity patients attended by midwives practising in the County Area during the year.

**TABLE IX.**

	Number of Midwives practising on 31st Dec., 1933.	Number of Confinements attended during year.	Engaged as Midwife.	Engaged as Maternity Nurse.		
				Medical Practitioner absent.	Medical Practitioner present.	Total.
<i>Trained Midwives :</i>						
Working for Associations affiliated to East Sussex County Nursing Federation	105	1993	1218	155	620	775
Working for Non-affiliated Associations ...	1	18	16	0	2	2
Working independently or in Institutions ...	51	317	168	9	140	149
<i>Bona fide Midwives :</i>						
Working independently ...	3	13	11	1	1	2
Totals ...	160	2341	1413	165	763	928

Notifications under the Midwives Acts received from certified midwives during the year were as follow :—

(a) Medical assistance required—		(d) Engaged in laying out the dead ...	54
(i) for mother ...	... 454		
(ii) for infant ...	... 92		
(b) Deaths—		(e) Liability to be a source of infection	103
(i) of mother ...	... —		
(ii) of infant ...	... 7		
(c) Stillbirths—		(f) Substitution of artificial feeding for breast feeding ...	31
(i) male ...	... 11		
(ii) female ...	... 6		

##### **Inspection of Midwives—Report by Miss E. M. Wyatt, M.B.E., Inspector of Midwives.**

"During the year 1933, 330 routine visits of inspection were paid to midwives practising in the County by the County Nursing Superintendent, and by the five District Nursing Superintendents. At these 330 visits, the work of the midwife was inspected, including the condition of her dress, bag and appliances. In only 12 instances was it reported that the conditions were not entirely satisfactory. 25 notifications of rise of temperature, 33 of discharging eyes, and 8 of contact with infection (requiring special reports) were investigated."

"Of the 33 cases of eye discharge, 11 were notified as Ophthalmia Neonatorum.

There were only 2 Maternal Deaths amongst cases attended by the District Nurse Midwives. One died in Hospital. This mother had a record of continuous ill-health from childhood. The cause of her death was Puerperal Septicaemia. The second patient was stated to have died as the result of a Pulmonary Embolism.

The East Sussex Midwives' Association has been accepted as a Branch of the Midwives' Institute, London, and has a membership of 99. During the year 7 lectures have been given at various centres and the meetings were well attended. The Association owe sincere thanks to Dr. Ashleigh Glegg, our County Medical Officer of Health, as well as to other doctors and friends who have done so much to help the Association."

E. M. WYATT,  
*Inspector of Midwives.*

#### **Ante-Natal Supervision.**

The County Council have established, or have assisted to establish special clinics at Bexhill, East Grinstead, Hailsham, Portslade and Seaford, and ante-natal consultations at 23 Infant Welfare Centres which are held at the same time as the post-natal work. In areas not provided with a Centre or in cases where uninsured women find it impossible to visit a Centre, arrangements are being made whereby medical practitioners will undertake ante-natal examinations. The district nurse midwives have made 8,889 ante-natal visits during the year to 1,909 expectant mothers.

#### **Provision of Consultants.**

The Ministry of Health desire the Local Authority to satisfy themselves that a Consultant is available for any medical practitioner who needs such assistance in difficulties or in complications arising during pregnancy, or at or after confinement. The provision made for this service by the County Council had to be curtailed during the year on account of the national emergency. Consultants, however, were available for women suffering from puerperal fever and puerperal pyrexia.

#### **Provision of Hospital Treatment.**

During 1933, 105 women, as set out in the following tabular statement, were provided with hospital treatment at maternity hospitals. This was an increase of 38 over the number admitted during 1932. Of these, 24 were admitted because of difficulties arising directly in connection with labour, and 66 were cases in which ante-natal observation had detected disease or deformity which necessitated hospital treatment in the interests of the mother or the infant or both. In the remaining 15 cases the home conditions were unfavourable. Patients admitted with puerperal pyrexia are referred to under the appropriate heading.

**TABLE X.**

Hospitals.	Emergencies arising directly in connection with labour.	Induction of premature labour.	Pregnancy complicated by albuminuria.	Various.	Unfavourable home conditions.	Totals.
Brighton. Sussex Maternity and Women's Hospital ...	19	5	9	15	1	49
Hastings. Fernbank Maternity Home	—	1	—	4	3	8
Tunbridge Wells Maternity Home ... ... ...	1	—	2	5	1	9
Battle. Institution ... ...	—	—	—	4	4	8
Shoreham. Southlands Hospital ...	4	3	3	8	3	21
Cuckfield. West Hylands Institution... Eastbourne Maternity Hospital	—	4	—	3	2	9
<b>Totals ...</b>	<b>24</b>	<b>13</b>	<b>14</b>	<b>39</b>	<b>15</b>	<b>105</b>

The total cost of treatment provided for these cases by the Maternity and Child Welfare Committee was £774 10s. 6d., towards which the patients themselves contributed £275 10s. 2d., leaving £499 os. 4d. as the nett cost to the County Council, as against a total cost of £521 15s. 6d. (towards which the patients contributed £198 4s. 8d.) for the year 1932.

#### **Puerperal Sepsis and Puerperal Pyrexia.**

In addition to the arrangements referred to above, facilities are available for obtaining the services of Obstetric Consultants, for the employment of an emergency nurse and for bacteriological examinations when necessary in cases of puerperal sepsis and puerperal pyrexia.

During 1933, 7 women suffering from puerperal fever or puerperal pyrexia were seen by Obstetric Consultants at the request of medical practitioners. Of 33 women who were notified as suffering from puerperal sepsis or puerperal pyrexia, 15 women received treatment in hospitals or maternity homes. Ten of these received treatment under the County Council's scheme, 4 under the Poor Law, and 1 by her own arrangement. Fourteen of the 15 patients recovered and 1 died. Eighteen women were treated in their own homes; of these 16 recovered and 2 died.

### Treatment in Convalescent Homes.

Treatment was not given to any woman in a Convalescent Home during the year under the County Scheme.

### Provision for Unmarried Mothers and their Infants.

During the year 1933, 13 unmarried mothers with their infants were maintained at Hostels; 10 at the Bell Hostel, Eastbourne, and 3 in the Church Army Home, Brighton. The young women are admitted within three months of the expected date of confinement and remain for a period of twelve months.

This provision is of special value in view of the high mortality in infants born out of wedlock.

### Notification of Births and Infant Visiting.

Infant Health Visiting is carried out in East Sussex by the District Nurses supervised by five specially qualified District Nursing Superintendents. The alleged objections to this system of health visiting have not been borne out by ten years' experience in this County.

The following Table shews the total number of births notified as occurring in the Administrative County (excluding the Borough of Hove) during 1933:—

**TABLE XI.**

	Males.	Females.	Total.
Living ... ...	1202	1164	2366
Still-births ... ...	28	20	48
Total ...	1230	1184	2414

Amongst the births notified are included 25 cases of twins (30 male and 20 female).

Details as to births not notified to the County Medical Officer of Health were supplied by the District Registrars of Births and Deaths.

The County Council's Scheme for Infant Visiting provides for the whole of the Administrative County, except the Borough of Hove. The number of visits paid by the Infant Health Visitors during the year 1933 was 39,963, of which 18,932 were paid to infants under one year of age as compared with 34,479 and 15,765 respectively in 1932.

### Maternity and Child Welfare Centres.

By the end of 1933, 43 Maternity and Child Welfare Centres had been established within the County (excluding the Borough of Hove) as follow:—

Balcombe, Barcombe, Battle, Bexhill-on-Sea, Bolney, Brede and Udimore, Burgess Hill, Chailey (North), Chailey (South), Chiddingly, Copthorne, Crawley Down, Danehill, East Grinstead, Forest Row, Hailsham, Hamsey, Haywards Heath, Horsted Keynes, Icklesham, Iden, etc., Lewes, Lindfield, Newhaven, Newick, Peacehaven, Pevensey, Plumpton, Portslade-by-Sea, Robertsbridge, Sayers Common, Scaynes Hill, Seaford, Sedlescombe, Sidley, Turners Hill, Uckfield, Wadhurst, Westfield, Westham, West Hoathly, Winchelsea, and Withyham.

With the exception of the Centres at Newhaven, Peacehaven and Portslade, which are provided by the County Council, these Centres are maintained by Local Voluntary Associations in co-operation with the County Maternity and Child Welfare Committee. Grants totalling approximately £415 per annum were paid towards the expenditure of the Associations in this respect. At East Grinstead the work of the Centre is carried out by a whole-time Health Visitor appointed by the District Nursing Association, towards whose salary the County Council made a grant of £103 10s. od.

During the year further consideration was given to the proposed erection of a Central Clinic building at Bexhill for the purpose of holding ante-natal and infant welfare clinics, and which would also be used by the East Sussex Education Committee and the Bexhill Borough Education Committee for school clinic purposes. Better clinic premises are much needed at Newhaven.

Rules are in force for the administration of Infant Welfare Centres which receive grants in aid. These Rules provide for the keeping of proper records and for adopting a uniform procedure at all the Infant Welfare Centres throughout the County.

### Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Notifications of eleven cases of Ophthalmia Neonatorum were received (excluding the Borough of Hove) during the year, three of which were treated in hospital.

**TABLE XII.**

Notified.	Cases.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Death.				
	Treated.									
	At Home.	In Hospital.								
II	8	3	II	—	—	—				

All cases of Ophthalmia Neonatorum receive immediate attention ; either the medical practitioner in attendance is communicated with by telephone, or a special visit is paid by one of the District Nursing Superintendents. Hospital treatment is arranged for, either with or without the mothers at the Royal East Sussex Hospital, Hastings, at the Southlands Hospital, Shoreham, or at one of the County Infirmarys. Infants treated in their own homes are attended by the district nurses when these nurses are not in attendance on midwifery cases. When it is not possible for the infant to be attended by the district nurse, and hospital treatment is not accepted by the parents, arrangements are made by the Maternity and Child Welfare Committee for attendance of special nurses.

#### Vaccination.

Section 2 of the Local Government Act, 1929, transferred the duties relating to Vaccination to the Public Health and Housing Committee. During the twelve months ended 30th September, 1933, 1,156 successful primary vaccinations were carried out, of which 21 were performed in institutions. Of these, 979 were of infants under the age of one year and 177 persons over that age. In addition, 105 successful re-vaccinations were carried out.

The following is a summary of Returns made by the Vaccination Officers to the Registrar-General in respect of children whose births were registered during the period from 1st January to 31st December, 1932, and accounted for in the Vaccination Registers up to 31st January, 1934.

TABLE XIII.

Vaccination Officer's District.	Births.	Number of Certificates of "Successful Vaccinations."	Number living unvaccinated		Number died unvaccinated	Percentage of living children vaccinated.
			Conscientious Objection.	Others.		
Battle ...	109	72	31	2	4	66.5
Bexhill ...	254	112	90	41	11	44.9
Chailey ...	122	50	46	21	5	40.9
Cuckfield ...	210	95	95	12	8	45.2
Eastbourne Rural ...	71	16	53	1	1	22.5
East Grinstead ...	137	62	63	8	4	45.2
Hailsham ...	246	82	153	4	7	33.3
Hastings Rural ...	20	8	8	—	4	40.0
Hove ...	509	178	256	58	17	34.9
Hurstpierpoint ...	144	65	67	8	4	45.1
Lewes ...	198	52	131	9	6	26.2
Newhaven ...	154	32	112	4	6	20.7
Portslade-by-Sea ...	137	42	81	9	5	30.6
Poynings ...	5	4	1	—	—	80.0
Rotherfield ...	158	55	91	5	7	34.8
Rye ...	138	78	50	5	5	56.5
Seaford ...	65	11	45	4	5	16.9
Ticehurst ...	157	102	41	7	7	64.9
Uckfield ...	159	52	95	6	6	32.7
Withyham ...	35	19	12	3	1	54.2
Worth ...	89	33	46	6	4	37.0
	3117	1220	1567	213	117	39.1

#### Marasmic Infants.

Treatment for nine marasmic infants was provided at the Chailey Heritage Hospital during the year. All of these children received great benefit from the treatment.

A grant of £316 7s. od. was made by the County Council towards the expenses of the Yarburgh Home, East Grinstead, under the Scheme made under the Local Government Act, 1929.

#### Provision of Home Helps.

The County Council have provided, in their Scheme, for Home Helps during the period of confinement when it is impossible to make other arrangements for the ordinary domestic duties usually undertaken by the mother. Two applications were sanctioned during the year 1933.

#### Supply of Milk.

The Maternity and Child Welfare Committee supply fresh milk to necessitous expectant and nursing mothers and to infants up to the age of five years when medically certified to require additional nourishment. Under the Local Government Act, 1929, the County Council have declared that this service shall be administered exclusively under the Maternity and Child Welfare Act and not under the Poor Law Acts. During the year milk was supplied to 138 applicants, as compared with 96 in 1932.

Private Store H 124      \*      Deposit

Books or Pamphlets } Author:	East Sussex CC			
Title				
Acc. No.	BOOKS Class Mark	DATE 1933-5	PERIODICALS Volume	Part
Name of Borrower (BLOCK LETTERS) C P E T M				
Course or Department H. N. W.	Signature Chetty			
Date of Borrowing 11. XII. 1935				

Books  
or  
Pamphlets } Author:

**Title** The physiology of breathing

BOOKS		DATE	PERIODICALS	
Acc. No.	Class Mark		Volume	Part
895-49	UD.F	1977		
Name of Borrower [BLOCK LETTERS]		Dr. L.B. MULGREW		
Course or Department		Signature		
MSc occ Med		J. J. P. M.		
Date of Borrowing		28 May 85		

### **Infant Life Protection.**

The Committee have appointed the five District Nursing Superintendents and three Health Visitors employed by Nursing Associations as part-time Infant Protection Visitors. They make the first inspection of each child placed on the Register. Subsequent visits up to the age of 5 years are carried out by the District Nurses under the supervision of the Nursing Superintendents. From 5 to 9 years the Nursing Superintendents carry out the routine visits. The three whole-time Health Visitors carry out the routine visits throughout.

The provisions of the Children and Young Persons Act, 1932, which relate to Infant Life Protection, came into operation on the 1st January, 1933. Under this Act, the age at which notification of foster children must be made has been extended from seven to nine years. Notification, instead of being required within 48 hours *after* reception, must now be given not less than 7 days before reception in the case of the first child proposed to be received and, in the case of any other child, not less than 48 hours before reception. In the case of a child received in emergency, the notification may be given within 12 hours of reception. Under Section 66 of the Act, power is given to limit the number of children in a foster home.

In consequence of the extension of the age limit the number of children on the register at the end of the year 1933 was 87 in excess of the number on the register at the end of the previous year. The number of homes have increased by 36, and the number of visits paid by the Infant Protection Visitors have also increased by more than 200.

The required notice of seven days makes it possible, in most cases, for an inspection of the home to be carried out before the child is received, but it would be of assistance to foster-parents if the notice were required to be given not less than fourteen, instead of seven, days before reception in order to allow more time for the cancellation of arrangements if the Local Authority's approval is not obtained.

During the year 17 Preparatory Schools have been visited by the County Medical Officer with a view to exemption under Section 69 (1) (b) of the Act of 1932. Exemption was granted in these cases for a period of one year.

On 31st December, 1933, there were 388 children and 222 foster parents on the Register. 802 visits were made during the year by the Infant Protection Visitors and District Nurses.

### **Nursing Homes Registration Act, 1927.**

During the year 1933, nine applications for the registration of premises under the above Act were received, and there were 48 Registered Nursing Homes on the County Register at the end of 1933. Three Exemption Certificates under Section 6 of the Act were renewed during the year. Seventy-two routine visits of inspection were made during the year by the District Nursing Superintendents.

### **Dental Treatment of Expectant and Nursing Mothers and Infants.**

Mr. A. Court, L.D.S., R.C.S., reports on the Dental scheme as follows :—

" During the past year one centre of treatment, Haywards Heath, previously visited by me was handed over to Mr. Rose, one of the other County Dental Surgeons. This, together with an increase of fees to be paid by the patients as well as travelling expenses to and from the clinics has resulted in a decrease in the number of applications received for treatment in my area. I have, therefore, spent less time in treatment than in previous years, but as the other Dental Surgeons have given more time for the treatment of mothers the combined effort has been about the same as in previous years. Patients do not keep appointments as regularly as one would wish, and out of 597 appointments given 461 attended, leaving 136 who did not attend when asked to do so. Expectant mothers are the worst offenders in this respect and very often attend only after considerable pressure has been applied by the Medical Officer or District Nurse. This part of the County dental work is very exacting and requires great care on the part of the Dental Surgeon in dealing with mothers who so often attend the clinics with shockingly septic mouths so that drastic treatment has to be resorted to. This is also true with regard to little children who are sometimes brought to the clinics with carious teeth as soon as they have erupted. These children have no doubt inherited the susceptibility to caries from their parents. It is perfectly true that ' Healthy parents have healthy children and unhealthy parents have unhealthy children.' "

During the year I have given talks to mothers at Welfare Centres upon dental matters which I trust have benefited them."

Mr. Eddings, L.D.S., R.C.S., reports as follows :—

" The fourth year of the provision of dental treatment for expectant and nursing mothers and children under school age shews a slight increase in numbers—619 mothers (76%) and 94 infants (80%) attended as compared with 606 and 66 respectively during 1932. Considering the difficulty which many mothers have in reaching the clinics, the attendances may be reckoned as very satisfactory. It is also found that those attending are only too glad to ' follow up ' the treatment necessary. In this respect, I have to report a further increase in conservative treatment, an encouraging feature, for a fairly high number of fillings proves the efficiency of any dental scheme. Nevertheless, treatment by removal is still high and is likely to be so until more mothers previously in receipt of school dental treatment come within the existing scheme.

I would draw attention to Mr. Court's remarks in his last report on the relationship of calcium absorption and the incidence of dental caries. It must be realised that the provision of dental treatment is essentially for those who cannot afford the cost of private treatment. Generally, the dental condition of the majority is deplorable—some have never had treatment—and if we are to follow the conclusions of recent research on the incidence of dental caries, a systematic and regular course of calcium and phosphorous salts in conjunction with Vitamin D is essential both during pregnancy and lactation. Free distribution in necessitous cases and at a reduced rate as an incentive to others better able to afford the cost is worthy of consideration. The advantages would, it is hoped, outweigh the expense to the Committee by reason of (a) better health and teeth in the mother and infant, (b) less time devoted to dental treatment in such cases, and (c) a better dental condition of the infant on attaining school age.

Finally, the Dental Surgeon could investigate such cases during a reasonable period and furnish reports based on records of the teeth. The adoption of this suggestion might mean the nearest approach to an ideal dental condition in future years."

Mr. G. Rose, L.D.S., R.C.S., reports as follows :—

"The work under this scheme has continued the progress it has shown since its inauguration in 1930. It has been necessary to hold approximately 16 more sessions than last year. Mothers have made 86 more attendances and 30 more attendances have been made by infants at the clinics.

These figures shew that not only are the mothers displaying more interest in their own dental welfare but, also, in the dental welfare of their infants. In many instances mothers have asked that their infants' mouths should be periodically examined and conservative treatment if possible carried out.

It is evident that much more could be done if more time were available without encroaching on the needs of the school dental scheme.

There are still very few mothers who will themselves attend the clinics for conservative treatment and the majority make no effort whatever to keep their teeth clean during a period which is marked by a great tendency of the teeth to suffer decay and the gums to become inflamed. There is work here for the Welfare Centres and I would suggest that an intensification in the education of the mother in the matters of Oral Hygiene would bring good results.

I trust that with the improvement in economic conditions it may be found possible to improve the accommodation for the clinics at the Uckfield and Haywards Heath Centres. These centres are present sadly lacking in even the bare necessities commensurate with clinics of this nature where cleanliness should be the keynote.

I should like to sincerely thank all the Nurses who by their continued keenness have made progress possible."

#### MATERNITY AND CHILD WELFARE DENTAL STATISTICS FOR THE YEAR 1933.

	Mr. Court.	Mr. Eddings.	Mr. Rose.	Totals.
No. of attendances at the Clinics	Mothers 461	619	716	1796
	Infants 70	94	149	313
No. of teeth extracted ... ...	Mothers 332	968	718	2018
	Infants 42	96	105	243
No. of teeth filled ... ...	Mothers 29	116	38	183
	Infants 16	36	75	127
No. of scalings ... ... ...	17	30	13	60
No. of other operations, including Impressions, Bites, Tries in, etc. ... ...	381	324	496	1201
No. of Artificial Teeth supplied	... ...	62	53	193

#### TREATMENT OF VENEREAL DISEASES.

The treatment of venereal diseases is one of the most important of the preventive health services provided by the County Council. The diseases have an important bearing on the morbidity statistics of mothers and infants and on infant mortality. Treatment Clinics were established in the County as a result of the Report of the Royal Commission on Venereal Diseases issued on the 2nd March, 1916, and of the Regulations issued by the then Local Government Board to give effect to its most important recommendations.

Clinics are held at hours convenient to patients of both sexes and under conditions of secrecy as far as is possible. The travelling expenses of necessitous patients are paid by the Council when certified for by the Medical Officers. In 1933, 43 persons were assisted at a cost of £54 10s. 9d. Arsenobenzol preparations are used in the treatment of syphilis, especially in its early stages.

Dr. F. H. Lawson, Medical Officer of the Brighton Clinic, reports as follows:—

The total number of new patients attending was 178, a slight increase over the previous year, 154.

These 178 patients were diagnosed as follows:—

The total attendances were 5,052 during 1933. Attendances: 1931, 5,673; 1932, 4,540.

The increase in the new cases was in respect of patients suffering from conditions other than venereal. This is a healthy sign, as it clearly shows that patients do not hesitate to come to the clinic if they are suspicious of having contracted infection.

Dr. P. Lazarus Barlow, the Medical Officer of the Hastings Clinic, reports as follows:—

The total number of new cases attending the Clinic during the year was 26, 16 from Bexhill and 10 from other parts of the County. This total shows a big drop compared with 1932, when the number was 38. The rate of drop is the same in both syphilis and gonorrhoea, namely from 11 to 7 in the case of syphilis and from 22 to 14 in the case of gonorrhoea. It is worth noting that there was also a drop in the number of new cases from Hastings as well.

As could only be expected, with fewer new cases the total attendances show a considerable drop from 1,648 in 1932 to 1,101 in 1933. The attendances from Bexhill were approximately half those of the previous year. The number of doses of arsenobenzene compounds administered to patients was much the same as in 1932, that is 273 as compared with 288. This, I think, speaks well for the regular attendance of these patients.

The most marked drop seen in the return is in the number of "in-patient days" which fell from 79 to 5 for East Sussex and from 338 to 32 for the Clinic as a whole. This is explained by the fact that no cases of gonococcal arthritis occurred.

The total attendances at the Clinic from all areas shews a marked drop from 6,046 to 5,052. It is difficult to account for this drop; I cannot believe that there was an actual drop of such a size in the new cases of venereal disease, and can only suggest that the exceptionally fine weather during the whole of the summer may have been in part responsible. Up to about April the numbers at the Clinic were slightly higher than in 1922.

On the whole I think the patients attend when requested, but if they do not it is obviously impossible for the Sister at the Clinic to do any visiting in the outlying parts of the County. Whether anything could be done by the Health Visitors working in conjunction with the Clinic might be considered, I think, but one would have to be very careful to get the right type of person for the work, otherwise more harm than good would probably be done.

Dr. E. B. Manser, one of the Medical Officers of the Tunbridge Wells Clinic, reports as follows:—

The number of cases under treatment on 1st January, 1934, was 36, of whom 20 were males and 16 females. The total number of new cases attending the clinic was 16. These figures show a slight increase on those for 1932.

The total attendances to see the Medical Officer during 1933 was 173, representing 72 male and 101 female, as against 178 in 1932.

Attendances for intermediate treatment totalled 207. This mainly consisted of female gonorrhœa cases attending for douches, swabbing, tampons etc.

With regard to the treatment provided at the Tunbridge Wells Clinic, it is certainly efficient in those cases who are able to attend frequently enough. The great difficulty lies amongst the gonorrhoea patients, so many of whom say that the expense is too great for them to attend more than once a week, and this one can understand in the case of those from East Grinstead, Jarvis Brook, Coleman's Hatch, etc., where return 'bus fares all exceed 2s.

The syphilitic cases can be more efficiently treated with smaller attendances.

The number of patients from East Sussex attending the three County Treatment Centres during the year is given below:—

TABLE XIV.

	Royal Sussex County Hospital, Brighton.	Royal East Sussex Hospital, Hastings.	General Hospital, Tunbridge Wells.	Total.
<b>OUT-PATIENTS.</b>				
<i>Number of new cases treated:</i>				
(a) Syphilis .....	32	7	5	44
(b) Soft chancre .....	0	0	0	0
(c) Gonorrhœa .....	50	14	10	74
(d) Non-Venereal .....	96	5	1	102
Totals .....	178	26	16	220
Total attendances of all East Sussex patients .....	5052	1101	207	6366
<b>IN-PATIENTS.</b>				
Aggregate number of In-patient days .....	142	5	145	292
No. of doses of arsenobenzol compounds given (Out-patients and In-patients)	65	273	29	955

The total number of new patients presenting themselves for the treatment of venereal diseases or for diagnosis was 12 more than in 1932.

In addition to the patients attending the County Treatment Centres, I have received information that patients from East Sussex attended at the following centres maintained by other local authorities :—

Treatment Centre.	Number of Patients dealt with for the first time.	Total Attendances.	Total In-patient Days.	Doses of Arsenical Compounds given.
Miller General Hospital, London, S.E.	0	2	0	0
Redhill	1	66	0	0
Seamen's Hospital, Greenwich	1	5	94	0
University College Hospital, London	1	3	11	27
Totals ...	3	76	105	27

It was not found necessary during the year to take any legal action under the Venereal Disease Act, 1917, in respect of unqualified persons giving treatment for venereal diseases.

Valuable educational work is undertaken on a national scale by the British Social Hygiene Council.

Facilities for obtaining laboratory assistance in the diagnosis of Venereal Diseases are provided by the County Council for the Medical Officers in charge of the Treatment Centres, and for medical practitioners generally in the treatment of their private patients. The Laboratories at which specimens are examined are the Ralli Memorial Laboratory, Brighton, the Hastings Borough Laboratory, the General Hospital, Tunbridge Wells, and the South London Hospital for Women. Altogether 1,229 specimens were examined, 1,078 of which were sent by Medical Officers of Treatment Centres, and 151 by private medical practitioners.

#### TREATMENT OF TUBERCULOSIS.

The total number of primary notifications received in 1933 was 282, namely, 215 of pulmonary tuberculosis, and 67 of other tuberculous diseases, as compared with 245 and 70 respectively in 1932.

Details of the notifications received, together with other new cases of tuberculosis which came to the knowledge of the County Medical Officer of Health, and deaths occurring in 1933 are shown in Table XV.

TABLE XV.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0 —	0	0	1	2	0	0	1	2
1 —	2	1	6	5	1	0	7	2
5 —	1	5	17	11	0	1	3	3
15 —	25	32	6	5	11	8	2	1
25 —	25	37	6	5	18	10	3	2
35 —	33	29	1	4	16	19	0	2
45 —	26	21	2	2	10	10	2	0
55 —	14	9	2	2	13	6	4	1
65 and upwards	3	5	2	1	1	2	2	2
Totals ...	129	139	43	37	70	56	24	15

On comparing the statutory notifications of tuberculosis with the number of deaths from the disease reported by the District Registrars during 1933, it is found that only 3.9% of the deaths occurred without the disease having been notified in this County under the Regulations.

The following statement gives the numbers and percentages of deaths occurring during the year within three and twelve months of notification :—

Total Number of Primary Notifications.	Deaths within 3 months of Notification.	%	Deaths between 3 and 12 months following Notification.	%
282	54	19.14	25	8.86

The following is a summary of the returns, received from District Medical Officers of Health, of the number of notified cases of tuberculosis on their Registers at the end of the year.

TABLE XVI.

Districts.	Number of notified cases on Register on 31st December, 1933.								Grand Total.	
	Population. 1933.	Pulmonary.			Non-Pulmonary.					
		Males.	Females.	Total.	Males.	Females.	Total.			
<i>Three Large Towns.</i>										
Hove ...	57160	112	107	219	27	45	72	291		
Bexhill ...	21100	29	29	58	9	8	17	75		
Lewes ...	11440	12	20	32	1	3	4	36		
<i>Ten Smaller Urban Districts</i> ...	58000	126	136	262	44	42	86	348		
<i>Eleven Rural Districts</i> ...	136400	291	293	584	113	121	234	818		
Administrative County	284100	570	585	1155	194	219	413	1568		

**Tuberculosis Dispensaries.**

Dispensaries for the treatment of cases of tuberculosis are provided by the County Authority at Lewes, Hove, Bexhill, and East Grinstead.

The following Table, prescribed by the Ministry of Health under Memorandum 37 (Revised), shews the work carried out during the year at, or in connection with, the Dispensaries :—

TABLE XVII.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts)												
(a) Definitely tuberculous ...	99	85	1	2	8	10	16	13	107	95	17	15
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	6	4	—	—
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	35	86	42	29
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	3	4	—	—	—	—	—	—	3	4	1	1
(b) Doubtfully tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	11	17	29	28
C.—CASES written off the Dispensary Register as												
(a) Cured ...	13	9	—	—	—	—	3	5	14	13	12	5
(b) Diagnosis not confirmed or non-tuberculous ...	—	—	—	—	—	—	—	—	48	112	71	57
D.—NUMBER OF PERSONS ON Dispensary Register on December 31st, 1933												
(a) Diagnosis completed ...	360	297	4	13	35	49	53	62	395	346	57	75
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	6	4	—	10
1. Number of persons on Dispensary Register on January 1st, 1933 ...	801				8. Number of visits by Tuberculosis Officers to Homes (including personal consultations) ...	...	...	...	475			
2. Number of patients transferred from other areas and of "lost sight of" cases returned ...	43				9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ...	...	...	...	I247			
3. Number of patients transferred to other areas and cases "lost sight of" ...	62				10. Number of							
4. Died during the year ...	97				(a) Specimens of sputum, &c., examined ...	606						
5. Number of attendances at the Dispensary (including contacts) ...	1133				(b) X-ray examinations made ...	345						
6. Number of Insured Persons under Domiciliary Treatment on the 31st December, 1933 ...	203				11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above ...	...	...	—				
7. Number of consultations with medical practitioners :—					12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1933	391						
(a) Personal ...	124											
(b) Other ...	383											

The County Council have 59 shelters for the use of patients who are recommended by the Tuberculosis Officer as suitable cases. At the end of the year 54 of these shelters were on loan to patients who were suffering from tuberculosis. Regular inspection of shelters is carried out by the Clinical Tuberculosis Officer and by the District Nursing Superintendents and 25 shelters were repaired during the year.

**Report by the Clinical Tuberculosis Officer on the Work carried out at, or in connection with, the Dispensaries during the Year 1933.**

The work carried out at, or in connection with, the Dispensaries during the year 1933 has been fully maintained on the lines established in previous years.

The Dispensaries themselves have served their original functions as centres for diagnosis, observation and treatment, for examination of contacts, selection of cases for Sanatorium treatment, centres for education and information, etc.

As regards the use of the Dispensaries for doubtful cases and for help in diagnosis, doctors in the County have availed themselves to a greater extent of the facilities provided, and there has been an increased appreciation by them of the fact that the Tuberculosis Officers' services are available at the homes of patients for consultation in cases where the visits of patients to Dispensaries are difficult on account of distance, or other reason.

As an aid to diagnosis, medical practitioners may send specimens of sputum to the County Laboratory at Hellingly. Outfits for this purpose are supplied to doctors by the County Council. A copy of the report on the examination of every specimen of sputum is sent to the Public Health Department from the laboratory. The Tuberculosis Officers arrange for the examination of the sputum of all patients seen by them for the first time, and for periodical examinations in the case of patients attending the Dispensaries. The number of specimens of sputum examined at the County Laboratory during 1933 was 363; of these, 70 were positive.

With regard to treatment at the Dispensaries, no routine treatment has been given in the case of Insured patients, as the National Health Insurance Act provides for their domiciliary treatment under their own doctor, but Insured patients have been encouraged to attend the Dispensaries for periodical examination when practicable. Non-insured tubercular patients attending Dispensaries receive routine treatment at the Dispensary.

The increasing number of cases of pulmonary tuberculosis treated by artificial-pneumothorax has naturally led to an increase in the number of refills carried out at the A.P. Clinics. Patients on A.P. treatment living within easy reach of the County Sanatorium, Robertsbridge, attend there for refills. Other patients attend the Lewes Clinic or Southlands Hospital, where A.P. refills are carried out by the Medical Officer of the Clinic and Hospital, respectively. It has been found necessary to hold clinics at Lewes at regular weekly intervals, with half-day sessions, at which a District Nursing Superintendent assists.

During 1933, 12 patients were treated at the Lewes Clinic, the number of attendances being 106. Refills are required over a period varying from two to four years. As the treatment is generally successful, an increase in this work is to be anticipated. Periodical X-ray examination for patients undergoing A.P. treatment is necessary, and this is available at the County Sanatorium, Robertsbridge.

X-ray examinations for diagnostic purposes are carried out at the County Sanatorium, and at the Brighton Sanatorium by arrangement with the Brighton Corporation. It is becoming more and more widely recognised that X-ray examination should be available not only for diagnosis but also for all actual cases, in order to provide a record of the extent of disease.

As regards the examination of contacts, the Tuberculosis Officer endeavours to examine as many members of the household as possible at the time of his domiciliary visit to each notified case of tuberculosis.

The District Nursing Superintendents are instructed to emphasise, when visiting the homes of patients, the importance of the examination of contacts, and to explain that, in cases where a visit to the Dispensary is impracticable, the Tuberculosis Officer will, if desired, visit the home for the purpose.

At the time of examination by the Tuberculosis Officer of every notified case a note is made of the names of any children of the household of school age, and of the school attended by them, in order that these names may be transmitted to the School Medical Inspectors for their special attention to the children concerned when carrying out the routine medical inspection at the school.

It is disappointing to note that the number of contacts who can be persuaded to present themselves for examination at the Dispensaries, even for one examination, remains proportionately low, considering the number of actual cases of tuberculosis seen at, or in connection with, the Dispensaries.

The following Table shows the extent to which patients availed themselves of the facilities provided by the County Council for artificial "light" treatment at the Lewes Clinic during the year 1933, together with the conditions treated:—

						Adults.	Children.	Total.
Number of New Cases treated during the year	...	...	...	...	...	6	23	29
Number of Attendances	...	...	...	...	...	241	540	781
Number of Patients on Light Clinic Register :—								
1st January, 1933	...	...	...	...	...	16		
31st December, 1933	...	...	...	...	...	14		
Average duration of Treatment	—	18½ weeks.						

## SUMMARY OF NEW CASES:—

	Com- minated Fracture.	Rickets.	Debility.	Cervical Glands.	Neuritis.	Fibrosis.	Alopecia.	Sciatica.	Malnutri- tion.	Dermatitis.
Improved ...	—	2	4	4	1	1	1	1	3	1
Stationary ...	1	—	—	2	—	—	—	—	—	—
Not so well	—	—	—	—	—	—	—	—	—	—
Still under Treatment	—	1	4	3	—	—	—	—	—	—

Treatment by artificial "light" was also carried out during the year 1933 at the Royal East Sussex Hospital, Hastings (3 cases), and at the London Hospital, where one patient underwent a course of Finsen Light treatment—a special form of treatment by artificial "light" not available in East Sussex.

ARTHUR BEELEY,

Deputy County Medical Officer of Health  
and Chief Clinical Tuberculosis Officer.

**Sanatorium Treatment.**

On the 1st January, 1933, there were 71 East Sussex patients in the County Sanatorium, of whom 62 (28 males and 34 females) were suffering from pulmonary tuberculosis and 9 suffering from non-pulmonary tuberculosis. During the year 183 patients (89 males and 94 females) with pulmonary tuberculosis were admitted, and 16 patients (8 males and 8 females) with non-pulmonary tuberculosis. On the night of the 31st December, 1933, there were altogether 62 East Sussex patients in the Sanatorium, 55 patients (27 males and 28 females) with pulmonary tuberculosis, and 7 patients (5 males and 2 females) with non-pulmonary tuberculosis. There were 20 deaths (12 males and 8 females) amongst patients in the Darvell Hall Sanatorium in 1933.

The following Table shews the number of East Sussex patients provided with residential treatment during the year either at the Darvell Hall Sanatorium or at other Institutions.

TABLE XVIII.  
*Residential Institutions.*

		In Institu- tions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31, 1933.
Number of doubtfully tuberculous cases admitted for observation	Adult.	M.	0	18	14	1
		F.	3	30	31	0
	Children.		0	0	0	0
	Total		3	48	45	1
						5
Number of definitely tuberculous patients admitted for treatment	Adult.	M.	34	81	73	12
		F.	36	71	70	3
	Children.		25	15	14	0
	Total		95	167	157	20
	Gd. Total		98	215	202	21
In Institutions on Dec. 31, 1933.						

Cases admitted for "observation" and subsequently found to be suffering from tuberculosis are included in both "observation" and "treatment" groups above.

**Darvell Hall Sanatorium.****Medical Superintendent's Annual Report, Year Ending 31st December, 1933.**

The year 1933 has seen order arising out of the chaos resulting from the rebuilding operations. The efficiency and comfort of the reconstructed institution make it a source of great satisfaction to both patients and staff. The centralisation of the clinical work into one block (reconstructed from the old stables) has added vastly to the ease with which it can be carried out, and has enabled the increase in the out-patient work to be effected without effort. All operations, dental and throat sessions are held in the theatre, which is also in almost daily use for giving artificial pneumothorax refills. It is moreover a great comfort to have adequate waiting rooms.

The honour of the year goes to the garden staff, who have manfully laboured to obliterate the appalling devastation left by the builders. They have remade lawns, opened up overgrown shrubberies and have cast cement posts and curbs to protect the edges of the grass from the depredations of motors. With the help of an unemployed man, whose wages totalling £11 14s. were paid by voluntary subscriptions of staff and patients, they made a car park and approach road, with a total area of 620 square yards. They excavated, broke up rubble for hard core, and covered all with ashes. The car park cost the County Council £7 17s. 9d. Both now require a tarmac surface. Much remains to be done, as there are still many desolate patches.

The present outstanding blemish is the sewage works. These have never been free from smell, but any immediate alteration would be inadvisable, when the opportunity of linking up in a Robertsbridge sewage scheme must soon present itself, as the village is annually increasing in size, and I consider the River Rother is already grossly polluted with sewage.

The conduct of the patients has been excellent. In autumn, cooking classes were begun for men, the idea being that many of them on discharge would be spending most of their time at home, and could quite well do home cooking, and would thus be able to release their wives for outside work. The convalescent women patients have been doing gardening in the afternoons, and have grown flowers for sale in the sanatorium, making enough money to cover the expenditure on plants and seeds. They also do all the dusting and a considerable part of the sweeping on the new hospital. Both men and women patients are now graded weekly, according to their capacity for work and exercise, and their duties are allotted. Other branches of occupational therapy have been continued, and the workshop has amply justified its existence by the value of repairs carried out to bedsteads, chairs, tables, etc. The sanatorium is the storage depot for shelters supplied to tuberculous patients in the county, and all repairs to these, as well as to those in use at the Institution, are done in the workshop. At present this storage is inadequate, and it is hoped to improve it by roofing in a portion of the courtyard. Stencilling notices and basket making have been done by the men as usual, but the sanatorium has sustained a great loss in the death of Albert Ellis, an ex-patient, who supervised this work, as part of his duty as canteen manager. He died after a few weeks' illness, and will be remembered by all as a willing, loyal and ready worker, who always did his utmost for patients and staff during the five years he was with us.

On the medical side, artificial pneumothorax continues to be the most successful form of special treatment when possible. The following table gives the results of this up to the present :—

Year Induced.	Reason.		1933.			Working. 1
	Curative.	Palliative.	Removed.	Alive.	Dead.	
1924	1	—	—	1	—	1
1925	2	2	—	3	1	2
1926	2	1	—	1	2	1
1927	8	8	2	6	8	3
1928	9	10	3	8	8	5
1929	11	5	2	10	4	8
1930	11	2	—	11	2	4
1931	35	22	3	45	9	17
1932	26	19	3	34	8	12
1933	27	14	1	39	1	4
	132	83	14	158	43	57
		215				

Owing to reactions, very few patients have had a complete course of the gold salt injections known as Sanocrysin. The three who began the treatment in 1932, continued this year. Two of them made marked progress, and one improved to a point. It was tried in seven new cases, but in only one was it possible to give anything like a sufficient quantity. This patient made satisfactory progress.

Old Tuberculin has been given to chronic cases, not suitable for any other special treatment, and to some who were having artificial pneumothorax. In the latter it tends to diminish the risk of a relapse, increasing the resistance. In all, a course of injections has been given to 35 patients during the year. In 9 of these there was marked improvement, 5 were not so well, and the others were in much the same condition as when injections were begun.

The surgical patients made full use of the abundant natural sun available during the summer. In winter they had artificial sunlight. Seven patients had treatment with the Mercury Vapour Lamp, and five continued to improve satisfactorily, but it had to be discontinued in two cases, one of whom reacted unfavourably, and the second was too ill to benefit. Nine have had Carbon Arc light baths, and all are making satisfactory progress. The Kromayer Lamp has been used for giving local treatment to lesions of the larynx, nose, tongue and skin. Ten patients have had applications, and there was relief in five cases, while three remained much the same, and the disease advanced in two instances.

Work in the X-ray Department continues to increase, and its importance cannot be overestimated. Again and again are patients admitted with such advanced disease that no treatment is of any avail. Had these people been X-rayed a year, or two years previously, and their radiograms compared with clinical findings, it might have been possible to save them. There is, however, a gratifying increase in the number of out-patients sent for diagnostic X-ray by the Tuberculosis Officers and general practitioners of the county. Thirty-nine have been sent, compared with 24 in 1932. Eight of these were admitted for treatment here, one was recommended to have treatment elsewhere, and it was considered advisable for ten to be kept under supervision and X-rayed again. In one case the radiograph showed the probability of bronchial carcinoma being present. In all, I have taken 539 X-ray photographs and made 900 screen examinations during the year.

Out-patients from Hastings and from the eastern part of the county have attended for artificial pneumothorax refills, and for X-ray control by screening, films also being taken when considered advisable. 485 refills have been given and 254 screen examinations made to out-patients in 1933.

The Consulting Staff have visited as in previous years. Mr. St. John Buxton, F.R.C.S., paid four visits, making 69 examinations. He also performed one operation on a patient whom it would have been unwise to remove to London. She made an excellent recovery, and is now fit for work. Three cases were, on Mr. Buxton's recommendation, sent to King's College Hospital for operative treatment, two having spinal bone grafts, and one was under observation there for a short time. All patients are examined as soon as possible after admission by Mr. G. H. Howells, F.R.C.S., the consulting laryngologist, and are kept under his supervision when necessary. This year he held six sessions, making 322 examinations of ears, nose and throat, and he cauterised the larynx in two cases. Mr. Derrick Martin, F.R.C.S., has performed phrenic evulsion on 50 patients, of whom 15 had previously had artificial pneumothorax. This operation is of value either as a supplement to artificial pneumothorax treatment or as a partial substitute for it in cases where it is not feasible. Mr. Martin also performed one minor operation at the sanatorium. Mr. Kenneth Pedley, L.D.S., has attended fortnightly to give dental treatment when advisable, and has given in all 232 patient settings.

An Open Day was held on June 2nd, when approximately 200 guests were shown round the Institution in small parties, the women's hospital and laundry attracting special attention. Members of the Hastings Public Health Committee also visited on May 24th, and a party from the Sanitary Congress at Eastbourne on June 1st. A successful Patients' Reunion was held on Whit Monday, when between 200 and 300 were present. It was encouraging to see so many ex-patients looking well and to know that they were working.

There has been very little sickness amongst the staff, and except during a mild epidemic of influenza at the beginning of the year, only three have had sick leave. Fifteen ex-patients are employed and are doing full-time work. Three nurses passed Part Two of the examination of the Tuberculosis Association. The laundry staff presented some initial difficulties, but this department is now running very smoothly. For the last two years Mr. Spring Rice has given prizes for the best staff gardens, and there has been a considerable amount of friendly rivalry between the holders of the plots, who have thoroughly enjoyed the change from nursing.

We wish to thank the Rev. A. H. Huxtable, Father Loman and Mr. Leonard for taking services and visiting the patients. We are also extremely grateful to the concert parties who have entertained the patients in the Edgar Hut, to those kind people who visit friendless patients, and to all ex-patients and others who have made gifts to the sanatorium. We should also like to express our great appreciation of the help given by the Tuberculosis Care Committee and its energetic and capable honorary secretary, Miss J. Martyn-Linnington, to our ex-patients.

On behalf of the staff and myself, I should like to express our appreciation of the interest, consideration and support given by the members of the Darvell Hall Committee to the sanatorium during these difficult days.

J. R. DINGLEY,  
Medical Superintendent.

#### **Tuberculosis (Prevention of Tuberculosis) Regulations, 1925.**

There were not any persons suffering from pulmonary tuberculosis reported during the year 1933 to be employed in milking cows.

#### **Public Health Act, 1925, Section 62.**

It was not found to be necessary in 1933 to take any action under this Section for the compulsory removal to Hospital of infectious cases of pulmonary tuberculosis.

#### **After-Care.**

The East Sussex Rural Community Council's After-Care Committee for the area served by the Bexhill Dispensary has held several meetings and done useful work in helping discharged Sanatorium patients and other sufferers from tuberculosis in various ways. They have continued to manage the Maple Leaf Settlement which provides residence under open air conditions for 8 women patients after discharge from the Sanatorium when they have no home to go to. Committees are in process of formation for the areas served by the remaining Dispensaries except for that of Hove, where the Borough Council have appointed a Committee for the purpose.

#### **Provision of Extra Nourishment.**

Provision was not made during the year under the Tuberculosis Scheme for supplying extra nourishment to tuberculous persons. Necessitous patients are, however, able to obtain extra nourishment by way of poor relief.

#### **TREATMENT OF ORTHOPÆDIC DEFECTS.**

The Council's Scheme for the treatment of orthopædic defects has been described in my previous Reports.

During the year an additional Clinic was opened at Portslade, at which the Orthopaedic Nurse attended once a week. Her attendance at the Hailsham Clinic was reduced from two to one session per week. This arrangement has worked satisfactorily.

The accompanying table, which gives particulars of the work done under the Council's Scheme at the Orthopaedic Clinics shows that 361 patients, including 182 new cases, were seen at the seven Clinics. Forty-seven of these new cases suffered from spinal curvature, seven from tuberculosis, eight from old fractures, and the remainder were cases of congenital and other deformities. One hundred and sixty-three patients were given treatment by massage and electricity and remedial exercises, 45 were received for varying periods into the Chailey Hospital, and 6 at other Hospitals.

The results of treatment of the 163 patients at the close of the year are thus summarised :—

- (a) 25 completely cured.
- (b) 107 improved.
- (c) 13 *in statu quo.*
- (d) 14 have just commenced treatment.
- (e) 4 left County, etc..

TABLE XIX.

Clinics at Lewes, Hailsham, East Grinstead, Crowborough, Burgess Hill, Portslade and Hastings.	Cases examined in 1933.			Cases for Treatment.		Total No. of attendances of all cases.	Nature of Deformities of New Cases.														
	New Cases.	Old Cases.	Total.	New Cases.	Old Cases.		Spinal Curvature.	Spasmodic.	Torticollis.	Rickets.	Bowed Legs.	Clawfoot.	Flatfoot.	Talipes.	Other Congenital Defects.	Old Fractures.	Knockknee.	Tuberculosis.	Erb's Palsy.	Other.	
Children under 5 years of age	69	55	124	24	22	1506	2	5	1	16	9	—	6	8	6	2	6	—	1	7	69
School Children between 5 & 16	107	119	226	67	46	2229	44	3	3	—	—	1	11	6	3	5	3	7	—	21	107
Persons over 16	6	5	11	1	3	41	1	1	—	—	—	—	2	—	1	1	—	—	—	—	6
<b>TOTALS</b>	... 182	179	361	92	71	3776	47	9	4	16	9	1	19	14	10	8	9	7	1	28	182

The following forms of treatment were given at the Clinics :—

Electrical treatment 438, Massage, 1,324, Remedial exercises 1,735, Strapping, Plaster, and Splinting 101, General Supervision 465 (including 6 visits to patients at their homes).

#### Hospital Treatment.

The total number of patients treated at the Heritage Hospital, Chailey, and at other Hospitals during 1933 is given below.

TABLE XX.

Classification.	Rickets.	Nature of Deformities.												Result of treatment.							
		Spine.	Hip.	Knee.	Other.	Talipes.	Injury to Right Elbow.	Scoliosis.	Torticollis.	Other Congenital Defects.	Infantile Paralysis.	Elongation of Tendo Achilles.	Osteomyelitis.	Hallux Valgus.	Flat Foot.	Scar and Keloid.	Kypholordosis.	Total.			
Children under 5 years of age ... ...	4	—	—	1	—	3	—	1	—	2	1	—	—	—	—	—	12	—	10	2	
Children between 5 and 16 years of age ... ...	—	4	5	4	2	2	1	1	1	3	5	2	1	1	1	3	1	37	4	28	3
Persons over 16 years of age ... ...	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1
<b>TOTALS</b> ... ...	4	6	5	5	2	5	1	2	1	5	6	2	1	1	1	3	1	51	4	39	3

Died, left County, etc.

Of the 51 cases, 45 were treated at the Heritage Hospitals, Chailey, 1 at the Wingfield-Morris Hospital, Headington; 3 at the Royal East Sussex Hospital, Hastings; 1 at the Hammersmith Hospital, and 1 at the Royal National Orthopædic Hospital.

Dr. Murray Levick, the Council's Consultant for Physical Treatment, reports:—

"Forty-five patients have received, or are receiving, treatment at the Heritage Hospital, Chailey. Of these, 2 have been cured, 37 have improved, 3 are stationary, and 3 died, one who was suffering from anterior poliomyelitis, one from tubercular osteomyelitis, and one from tuberculosis of the hip."

"In stating the results of the treatment both in the out-patient clinics and at Chailey, the word 'improved' has been used in all cases where any trace of deformity remained, however great the improvement. Many of the results so described have been highly satisfactory, and no patient has undergone operation or other treatment without material benefit."

"The out-patient clinic at Portslade was started with the idea that it might possibly take the place of the Hailsham Clinic where the number of attendances during 1932 was so small as to suggest the advisability of closing it down."

"During 1933, however, the number of attendances at this clinic has much increased and is still increasing, whereas the attendance at Portslade Clinic has been very small. In such a district, however, it seems likely that the work will increase as the Clinic becomes better known."

"It is satisfactory to report the complete cure of two cases of tuberculosis of the knee joint.

*J.W. (girl), aged 6.*—Admitted 26th October, 1931, with active T.B. synovitis of the right knee joint. The joint had been hot and swollen for 14 months before admission. She was treated on a fixed extension on a Thomas' splint and besides open air nursing had radiation with red rays to the joint and general light treatment. In October, 1933, she was taken off extension, the limb being left free in bed.

"At the end of December, 1933, she had full range of movement and no signs. X-rays showed very slight bone atrophy, but no lesion."

*L.S. (boy), aged 13.*—This child had had initial treatment at Hayling Island for a year and three months. He was admitted to Bishopstone in November, 1930. The joint was swollen and hot, with spasm of the muscles, which were much wasted. He was put on fixed extension on a Thomas' splint, and given general light treatment and later red radiation to the joint, and faradism to the quadriceps when the arthritis had subsided.

"In July, 1932, he was discharged with a 'walking caliper' to attend Burgess Hill Orthopædic Clinic. The caliper has been gradually discarded, and he is now walking about normally. The X-rays show no visible bone lesion and there is no shortening of the affected limb."

The following operations were carried out at the Chailey Heritage Hospital during the year:—

Name.			Operation.			Result.
R.I. (girl)	...	...	Hallux Valgus	...	...	Much improved.
V.H. (girl)	...	...	Manipulation for C.D.H.	...	...	Improved.
N.G. (girl)	...	...	E.T.A., left	...	...	Improved.
E.W. (girl)	...	...	Skin graft for burn	...	...	Greatly improved.
J.K. (girl)	...	...	Open T.E.V.	...	...	Improved.
M.N. (girl)	...	...	Tenotomy of sterno mastoid for torticollis			Improved.
M.F. (girl)	...	...	Plastic operation, scarring of burns of fingers			Improved.
K.J. (girl)	...	...	Open correction of T.E.V.	...	...	Improved.
M.F. (girl)	...	...	C.D.H. for reduction	...	...	Improved.
J.W. (boy)	...	...	Tenotomy and wrench	...	...	Much improved.
R.H. (boy)	...	...	Open correction of T.E.V.	...	...	Improved.
L.C. (boy)	...	...	Manipulation ext. semil. cartilage			For further operation.

#### BLIND PERSONS ACT, 1920.

The County Council in their Scheme for the Welfare of Blind Persons in the County have entrusted the arrangements for their care to the East Sussex Association for the Blind. The details of these arrangements were fully given in my Annual Report for 1932.

Early in the present year the County Council agreed to increase their contributions to the Association, so as to meet the cost of the statutory services. They also continued to contribute to the funds of the National Library for the Blind, the National Institute for the Blind, the South Eastern and London Counties Association for the Blind, and the Indigent Blind Visiting Society in respect of work undertaken for blind persons belonging to the County.

### **Prevention of Blindness.**

Preventive work is being undertaken through arrangements made by the County Council for the examination and, where necessary, treatment, of persons suffering from diseases of, or injury to, the eyes, in the Eye Departments of the local hospitals at Brighton, Eastbourne, Hastings and Tunbridge Wells.

### **Work of the East Sussex Association for the Blind.**

The General Case Committee of the East Sussex Association for the Blind met once a fortnight throughout the year and dealt with all applications for assistance from blind persons. The Home Teacher reported regularly to the Committee on her work of training and supervising the blind in the area.

With motor transport she was able to undertake work that formerly required two Home Teachers. It has been found necessary, however, to appoint a trained social worker to assist Miss Bancalari, the very efficient Secretary of the Association, in Almoner's duties, of which the Home Teacher has, to a great extent, been relieved.

### **Unemployable Blind.**

The Council amended during the year Clause 1 of the Scheme made for the provision of domiciliary assistance to necessitous unemployable blind persons, so as to provide that after the age of 16 there should be granted such financial assistance as may be necessary, after taking into account the existing means of the blind person, to ensure that each will have an income of at least 15s. per week, or such other sum as the Council may, from time to time, determine.

At the end of 1933 the Association was making weekly allowances varying between 1s. and £1 to about 100 unemployable and necessitous blind persons in the County.

The Public Health and Housing Committee instructed the Association to ensure that each blind person should have a minimum amount of 10s. a week for subsistence after paying rent.

### **Dependants of Blind Persons.**

In order to remove difficulties that had arisen through the operation of the new Regulations relating to Out Relief, it was arranged with the Public Assistance Committee that when computing the amount of assistance to be given to the dependants of blind persons they should ignore the blind person and have no regard to his or her income, except in so far as it exceeded 10s. per week, plus one-half of the rent payable, or the sum of 18s. per week, whichever was the less.

The amounts distributed by the Association as domiciliary assistance to unemployable blind persons and to dependants during the financial year 1933-1934 were :—

Blind Persons	...	...	...	£1,089	Dependants	...	...	...	£380
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The County Council contributed the sum of £850 towards the former amount and repaid the whole of the amount of £380.

### **Register.**

Sixty-six new cases of blindness were registered during the year, and 53 names were removed from the Register. Of those removed 13 had left the area, and 40 died. The total on the Register on the 31st March, 1934, was 434, as follows :—

**TABLE XXI.**

NUMBER OF BLIND PERSONS ON REGISTER AS AT 31ST MARCH, 1934.			AGES AT WHICH BLINDNESS OCCURRED.			EMPLOYMENT, AGE PERIOD 16 AND UPWARDS.				
Age Period.	Number.		Age Period.	Number.		Number.				
0 to 5 years	...	3	0 to 1 year	...	38	Employed	...	61*		
5 to 16 years	...	16	1 to 5 years	...	7	Trained but Unemployed	...	2		
16 to 21 years	...	4	5 to 10 years	...	14	Under Training	...	2		
21 to 30 years	...	15	10 to 20 years	...	31	No Training, but Trainable	...	5		
30 to 40 years	...	23	20 to 30 years	...	42	Unemployable	...	345		
40 to 50 years	...	41	30 to 40 years	...	30	* Including 17 Home Workers.				
50 to 60 years	...	68	40 to 50 years	...	37					
60 to 70 years	...	106	50 to 60 years	...	66					
70 years and over	...	152	60 to 70 years	...	87					
Unknown	...	6	70 years and over	...	66					
			Unknown ...	...	16					
Total	...	434		Total	...	434		Total	...	415

### **Blind Home Workers.**

Seventeen blind home workers were on the Register during the year, one of whom was a blind copyist. The wages of each blind home worker approved by the Public Health Committee are

augmented by the County Council to the extent of 7s. 6d. a week. The Home Industries Department of the National Institute provides the workers with materials and markets their finished articles when not sold locally.

#### **Home Teaching.**

Two thousand one hundred and sixty-nine visits for instructional purposes were paid and 451 lessons were given to blind persons in the area during the year. One hundred pupils received instruction, which included Braille and Moon Type reading and various handicrafts, including rug-making, pulp cane and raffia work, knitting, etc.

#### **National Library.**

A grant of £47 per annum was made in 1933 to the National Library for the Blind for the loan of books to blind persons in the County. The Library was used by 47 blind readers on the County Register during the year.

#### **Institutional Care of Blind Infants.**

Two blind infants were maintained during the year at the National Institute for the Blind Sunshine Home at East Grinstead.

#### **Wireless Certificates.**

During the year the County Medical Officer of Health issued 49 certificates to blind persons exempting them from payment for wireless receiving licences.

#### **Supervision of Voluntary Associations.**

A provisional scheme for the supervision on recognised lines of Voluntary Associations providing services for the welfare of the Blind was brought before the Public Health and Housing Committee by the Blind Persons Committee in January, 1933. Consideration of the Scheme was deferred. Initiated by the Middlesex Education Authority, the Scheme provided for Regional Committees to be appointed for the South-Eastern and London Counties area (excluding the City of London) comprising 10 Counties and 12 County Boroughs with 10,107 blind persons on the Register on 31st March, 1932, and the Midland area comprising 13 Counties and 15 County Boroughs with 8,212 blind persons on the Register.

The Regional Committee would appoint a Supervisor with technical knowledge and experience and also a clerical staff. The work of the Committee would include the promotion of co-operation between the Authorities, the Training Institutions, and employing agencies, the inspection of the work and administration of workshops for the blind, of the Home Workers' Schemes and of other services for the Welfare of the Blind, including the administration of local Voluntary Associations. The expenditure in connection with the Scheme was to be allocated amongst the participating Authorities in proportion to the number of blind persons on the Register in each area. On the assumption that Authorities having the care of 10,000 blind persons joined in the Scheme (which was the number in the South-Eastern and London Counties area) it was anticipated that the cost would be approximately £10 per 100 blind persons on the Register. The cost, to this county, would therefore have amounted to approximately £43 per annum.

This Scheme provided a satisfactory and economical way of dealing with the requirements of the Ministry of Health as regards the supervision of the technical work of the Voluntary Associations to which the Authorities have entrusted the administration of their Schemes for the Welfare of the Blind. It is hoped that further consideration will result in general agreement to set up these Regional Committees.

#### **MENTAL DEFICIENCY ACTS, 1913 to 1927.**

During the year 43 new cases were considered by the County Council's Committee for the Care of the Mentally Defective; of these 4 have been sent to Institutions, and 29 placed under supervision. In the remaining 10 cases no action was taken.

#### **Mental Deficiency.**

The County Council have no special institutions for the care of mental defective persons, but three of the Poor Law Institutions, namely, Chailey, Cuckfield, and Southlands Hospital, Shoreham, are approved under Section 37 of the Mental Deficiency Act, 1913.

There are in the County two Certified Institutions for the reception of medium and high-grade male defectives, administered by the Brighton Guardianship Society, namely, Dungates, Horeham Road (7 beds), and Tubwell's Farm, Jarvis Brook (7 beds). The Guardianship Society also administer a Training Farm for physically defective males at Walsh Manor, Jarvis Brook, and mentally defective boys are also placed there under the guardianship of one of the Superintendents. The management of these Institutions is satisfactory.

The Hermitage Training Home at Fairwarp, with ancillary premises at Lark's Hill, and Wharf House, Lewes, is the only other Certified Institution in the County managed by a Voluntary Association and is approved for the reception of medium and high-grade female defectives. The

Institution is certified for the reception of 26 defective persons. The Hostel at Wharf House, Lewes, which accommodates 16 persons, was opened in 1932, for the transfer of girls from the Hermitage who were found to be suitable to be employed as daily domestic servants. The girls return to the Hostel each day to sleep and also during off-duty time. Wharf House has proved a great success, and has provided many of the girls from the Hermitage with a new interest in life, and has at the same time reduced the cost of their maintenance by allowing them to become wage earners.

The management of both the Hermitage and Wharf House has been carried out in a very satisfactory manner, due largely to the skill and competence of Miss Walton, the Lady Superintendent.

The Scheme, whereby the East Sussex Association for Mental Welfare undertakes the duty of supervising mentally defective persons, continues to work satisfactorily. The Organising Secretary, Mrs. Ayshford Ayre, most efficiently acts as the Council's Home Visitor.

Altogether 234 mentally defective persons are being supervised, as shown in the following Table:—

TABLE XXII.

		Male.		Female.		TOTAL.	
A. Visits by the Official Home Visitor:—							
Once Quarterly ...	...	20		33		53	
" Half-yearly... ...	...	34		24		58	
" Annually ...	...	22		4		26	
		76		61		137	
B. Visits by Voluntary Representatives of the Association:—							
Once Quarterly ...	...	10		10		20	
" Half-yearly... ...	...	17		18		35	
" Annually ...	...	20		14		34	
		47		42		89	
C. Combined or occasional visits by the Official Home Visitor and by Voluntary Representatives	...	3		5		8	
TOTALS ...	...	126		108		234	

On the 31st December, 1933, the Committee were providing for 412 mentally defective persons under the Acts; 137 were maintained in either certified institutions or approved workhouses, 41 had been placed under guardianship, and 234 were under supervision in their own homes.

The following Table gives information as to the number of mentally defective persons on the Register of the Local Authority on 31st December, 1933:—

TABLE XXIII.

## A. Mentally Defective Persons subject to Section 2 (1) (b) of the Mental Deficiency Acts, 1913 to 1927.

	Total Number on Register.		Maintained in Certified Institutions.		Maintained in Approved Workhouses.		Under Guardianship.		Under Supervision.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
(i.) Found neglected, abandoned, etc.	45	77	3	21	11	18	6	15	25	23
(ii.) Having been found guilty of a criminal offence, etc. ...	6	3	3	2	3	0	0	1	0	0
(iii.) Having undergone imprisonment, etc. ...	1	0	0	0	1	0	0	0	0	0
(iv.) Being an habitual drunkard ...	0	0	0	0	0	0	0	0	0	0
(v.) Notified by Local Ed. Authority	56	70	7	14	11	5	7	4	31	47
(a) As incapable of receiving benefit, etc., in a Special School	29	26	10	18	2	2	5	2	12	4
(b) As discharged at age 16, from Special School, etc. ...	0	6	0	0	0	6	0	0	0	0
(vi.) Being in receipt of poor relief at time of giving birth to an illegitimate child ...	0	0	0	0	0	0	0	0	0	0

## B. Permissive Cases.

	58	34	0	0	0	0	0	0	58	34
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## C. Mentally Defective Persons certified by Board of Control under Section 30 (iii).

TOTALS ...	195	217	23	55	28	31	18	23	126	108
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The next Table shows the number of new cases considered by the Local Authority and the number of cases which, for various reasons, were removed from the Register during the year 1933 :—

TABLE XXIV.

	Male.	Female.	Total.
A. Cases considered by Committee during the year ... ... ...	23	20	43
B. Petitions presented and Orders obtained ... ... ...	3	3	6
C. " refused ... ... ...	—	1	1
D. Deaths (i) In Institutions ... ... ...	1	0	1
(ii) Under Guardianship ... ... ...	0	0	0
(iii) Under Home Supervision ... ... ...	0	1	1
E. Transfers to Mental Hospital under the Lunacy Acts ... ... ...	2	0	2
F. Left the Area ... ... ...	0	0	0

The following Table gives the names of Certified Institutions or Approved Poor Law Institutions at which mentally defective persons were maintained by the Local Authority at the end of the year :—

TABLE XXV.

Name of Certified Institution.	Male.	Female.	Total.
Besford Court ... ... ...	2	—	2
Brent Colony ... ... ...	3	—	3
Dungates, Horeham Road ... ... ...	4	—	4
Eastbourne Poor Law Institution ...	—	1	1
Ellen Terry National Home, Reigate ...	—	1	1
Etloe House, Leyton ...	—	2	2
Hermitage Training Home, Fairwarp ...	—	29	29
Lewes Certified Institution, Chailey ...	21	7	28
Mount Tabor Certified Institution, Basingstoke ...	—	2	2
Pield Heath House, Hillingdon ...	—	1	1
Princess Christian's Farm Colony, Hildenborough ...	2	2	4
Rampton State Institution, Retford ...	1	3	4
Royal Earlswood Institution, Redhill ...	1	2	3
Royal Eastern Counties' Institution, Colchester ...	2*	—	2
Rock Hall House, Bath ...	2	2	4
Mary Dendy Home, Alderley Edge ...	—	1	1
Steyning Certified Institution ...	1	1	2
Stoke Park Colony, Bristol ...	2	6	8
St. Elizabeth's Home, Much Hadham ...	—	1	1
St. Teresa's Home, Lewisham ...	—	1	1
Tubwell Farm, Jarvis Brook ...	4	—	4
Walsham How Home, Wandsworth, S.W. 18. ...	—	1	1
West Hylands Certified Institution, Cuckfield ...	6	23†	29
<b>TOTALS</b> ... ... ...	<b>51</b>	<b>86</b>	<b>137</b>

\* One boy has been granted long leave of absence to the care of a relative.

† One girl, who is also deaf and dumb, has been granted long leave of absence to the Home for Deaf and Dumb Women, Bath, and another is under the care of a Guardian, on leave of absence, in Scotland.

Of the 41 cases under Guardianship, 39 were being supervised on behalf of the Local Authority by The Guardianship Society, Brighton.

#### PUBLIC ASSISTANCE.

The number of beds in the Public Assistance Hospital and Infirmarys on the 31st December, 1933, is given hereunder :—

	MEN.	WOMEN.	CHILDREN.	TOTAL.
Southlands Hospital, Shoreham ... ... ...	74	199	30	303
Battle Infirmary ... ... ...	44	48	—	92
Chailey Infirmary ... ... ...	42	54	—	96
Cuckfield Infirmary ... ... ...	66	68	9	143
East Grinstead Infirmary ... ... ...	25	24	—	49
Newhaven Infirmary ... ... ...	36	29	1	66
Rye Infirmary ... ... ...	22	19	—	41
Ticehurst Infirmary ... ... ...	20	23	—	43
Uckfield Infirmary ... ... ...	26	26	6	58
	<b>355</b>	<b>490</b>	<b>46</b>	<b>891</b>

Additional beds are reserved for East Sussex patients in Eastbourne, St. Mary's Hospital (12 beds) and the Hastings Municipal Hospital (10 beds).

At Southlands Hospital, Shoreham, 75 beds are reserved for patients from the West Sussex County area. Maternity patients and women suffering from Puerperal Fever and Puerperal Pyrexia are received at the hospital from the Maternity and Child Welfare Committees of the East Sussex and West Sussex County Councils and the Worthing Borough Council.

The Shoreham, Cuckfield and Chailey Institutions are certified Institutions under Section 37 of the Mental Deficiency Act, 1913, providing accommodation for 5 male and 5 female mental defectives at Shoreham; 10 male and 20 female mental defectives at Cuckfield and 36 male and 12 female mental defectives at Chailey.

The accommodation at the Children's Homes in the County is as follows:—Cuckfield, 12 beds; Lewes, 40 beds; and Shoreham, 140 beds.

### **Southlands Hospital, Shoreham.**

On the 30th June, 1933, Southlands Hospital, Shoreham, completed its first year of administration as a Public Assistance Hospital. The following are the numbers of patients admitted to this hospital during the calendar years from 1929 to 1933:—

	Admissions.	Maternity Cases.
1929	...	673
1930	...	833
1931	...	1315
1932	...	1638
1933	...	1842

During the year under review, 277 major operations and over 800 minor operations were performed at the hospital as compared with 139 major and over 400 minor operations in 1932.

The medical and nursing service of the hospital is receiving the close attention of the Public Assistance Committee, and they have appointed a Special Sub-Committee to visit, inspect and make recommendations as to the management of the hospital. A second full-time Assistant Medical Officer's appointment was under consideration during the year and an appointment of a Medical Officer with special surgical experience has since been made to this post. The nursing staff is being increased with a view to providing a satisfactory ratio of nurses to patients. The erection of a new operating theatre has been sanctioned to meet the requirements of the Ministry of Health.

The scheme under which selected probationer nurses of the hospital receive training in midwifery at the Sussex Maternity and Women's Hospital, Brighton, is working satisfactorily. Two probationers have completed the course and passed the qualifying examination and two others were undergoing training at the end of the year.

### **Improvements at Southlands Hospital and Infirmaries.**

The following are the principal improvements carried out during the year in connection with Southlands Hospital and the Infirmarys of the Public Assistance Institutions:—

#### **SOUTHLANDS HOSPITAL, SHOREHAM.**

New Nurses' Home provided and alterations made to existing Home.  
Electric light installed.

#### **BATTLE INFIRMARY.**

Heating of Nurses' quarters improved.  
Maternity ward enlarged.

#### **CHAILEY INFIRMARY.**

New water supply installed.  
New disinfectant provided.  
Electric light installed.

#### **NEWHAVEN INFIRMARY.**

Heating of wards improved.

#### **RYE INFIRMARY.**

New Infirmary accommodation in House side of Institution completed.

### **County Ambulance Service.**

In October, 1933, a new motor ambulance of special design was purchased by the Public Assistance Committee. This is garaged at the Shoreham Institution and is available for the transport of patients residing in any part of the County.

### **Examination of Institution Food Supplies.**

The County Health Inspector is now carrying out periodical examinations of the food supplies at the Public Assistance Institutions and submitting reports thereon to the Public Assistance Committee.

### **Dietaries.**

In 1932 the County Medical Officer of Health submitted to the Public Assistance Committee a report on the Dietaries of the Institutions and later in the year he submitted, in collaboration with the Public Assistance Officer, Draft Dietary Tables. Consideration of this matter was deferred for twelve months, and in December, 1933, the Committee approved the adoption of new Dietary Tables to take effect on the 1st April, 1934. These provide for an improvement in the diets of able-bodied inmates, children and hospital and infirmary patients in respect of essential food constituents and variety of meals served. In particular it was arranged that inmates and patients should be fed according to appetite and not according to the prescribed quantities laid down by the tables.

Statistics relating to the Poor Law Hospital and Infirmarys are given in Tables XXVI, XXVII, and XXVIII.

### **TABLE XXVI.**

Accommodation in Public Assistance Hospital and Infirmarys for various types of cases and the extent to which it was occupied on the 31st December, 1933.

Classification.	MEN.		WOMEN.		CHILDREN.		TOTALS.	
	Provided.	Occupied.	Provided.	Occupied.	Provided.	Occupied.	Provided.	Occupied.
1. Medical and Surgical	330	275	427	336	7	4	764	615
2. Children and Nursing Mothers	—	—	8	2	39	52	47	54
3. Maternity	—	—	22	13	—	—	22	13
4. Tuberculosis	15	11	18	6	—	—	33	17
5. Isolation	10	—	15	1	—	—	25	1
	<b>355</b>	<b>286</b>	<b>490</b>	<b>358</b>	<b>*46</b>	<b>†56</b>	<b>891</b>	<b>700</b>

\* Includes 30 beds for healthy children in Nursery at Shoreham Institution, only 9 beds being actually provided for sick children at Cuckfield Infirmary.

† 17 children occupying beds in adult wards.

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TABLE XXVII.  
STATISTICS RELATING TO POOR LAW INSTITUTIONS FOR THE YEAR ENDED 31st DECEMBER, 1933.

**TABLE XXVII**  
**CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN POOR LAW INSTITUTIONS DURING THE YEAR  
 ENDED 31st DECEMBER, 1933.**

Institutions.		Tuberculosis.		Rheumatism.		Other Diseases.		Diseases.		Skin.		Other Diseases.		Infirmary System.		Gentleman's Infirmary System.		Diseases of the Skin.		Women and Infants discharged after confinement.		Totals.	
BATTLE	...	0	6	0	0	2	0	0	0	26	19	3	3	7	18	13	7	2	6	16	67	164	
CHAILEY	...	0	11	5	0	4	0	0	0	13	11	3	8	3	27	32	11	11	15	15	0	112	
CUCKFIELD	...	3	15	8	2	8	3	1	0	14	11	9	27	19	19	7	11	58	59	322	322		
EAST GRINSTEAD	...	1	18	2	1	7	0	3	0	21	13	5	4	11	21	36	2	0	6	26	19	177	
NEWHAVEN	...	14	4	2	1	11	2	1	1	11	13	5	0	6	11	9	3	6	6	56	14	169	
RYE	...	1	2	0	0	2	0	1	0	0	0	0	0	3	0	8	7	6	2	3	0	50	
SOUTHLANDS HOSPITAL	139	43	35	10	71	14	9	17	17	43	8	75	77	16	190	93	124	144	72	83	111	1877	
TICEHURST	...	0	0	0	6	0	2	0	0	0	0	0	0	10	1	8	0	0	3	2	6	0	55
UCKFIELD	...	0	10	3	2	3	0	1	2	0	0	0	0	6	3	5	28	32	4	5	35	0	147
<b>TOTALS</b>		158	109	55	16	114	19	18	26	18	46	8	87	143	68	223	171	251	302	193	97	132	3073

### **Domiciliary Medical Relief.**

Details are given below of the patients attended by District Medical Officers and the numbers of attendances during the year :—

(a) Number of District Medical Officers	...	...	...	...	50
(b) Number of patients attended	...	...	...	...	1366
(c) Number of attendances at homes of patients	...	...	...	...	9739
(d) Number of attendances at Surgeries	...	...	...	...	3505
(e) Medicines provided	...	...	...	...	6085

The Medical Officers submit a monthly report to the County Medical Officer and to the Guardians Committees, giving particulars of their medical attendance, with recommendations for special treatment where required. A satisfactory service is provided.

### **Subscriptions to Voluntary Hospitals and Associations.**

Subscriptions amounting to £364 8s. od. were distributed to 23 Voluntary Hospitals and Associations in the financial year, 1933-34. They included a sum of £150 to the County Nursing Federation in aid of district nursing, which grant took the place of the subscriptions formerly made to individual Nursing Associations in the County. The grant is distributed by the Federation according to the amount of work done by the District Nursing Associations in providing nursing for necessitous persons.

### **ADMINISTRATION OF THE MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, THE MILK AND DAIRIES ORDER, 1926, AND THE TUBERCULOSIS ORDER, 1925.**

Whilst the Review of County Districts did not come into operation until the 1st April, 1934, the opportunity is taken in this Report to point out that changes were brought about regarding the Administrative Authorities of certain districts on that date, and as the primary requirement of Local Authorities in connection with the proper supervision of cowsheds in their districts is the registration of all cowkeepers producing milk for sale, registers should be completed and brought up to date at the earliest opportunity, and recourse might be made to the publication of a suitable notice in the local press as to this requirement and such other provisions of the Order as may be thought desirable.

Reference has been made in previous Reports to the provisions of Article 6(4) of the Milk and Dairies Order, 1926, which requires Sanitary Authorities to inform the County Council of particulars of registered cowkeepers and premises, and subsequent alterations. It is a matter of importance that the County Council should have particulars of all cowkeepers and their premises in the area, and that they should be kept fully informed of alterations or changes, to ensure that the work of veterinary inspection of dairy cattle can be carried out effectively and completely.

The two whole-time Veterinary Inspectors appointed by the County Council in June, 1932, have continued to carry out the duties of investigation and inspection of dairy cattle. In completing their first annual period of service it is now possible to give details of the work undertaken during the year 1933 under two headings, (a) the Milk and Dairies (Consolidation) Act, 1915, and (b) the Milk and Dairies Order, 1926.

The Inspectors also act as the Veterinary Officers under the Diseases of Animals Acts and Tuberculosis Order.

#### **(a) The Milk and Dairies (Consolidation) Act, 1915.**

The procedure in dealing with statutory notifications under Section 4 of the Act remains unaltered and continues to be satisfactory. The prompt inspection of the responsible herd is the essential factor, and this is carried out with the least possible delay on receipt of notifications.

During the year under review thirty-two statutory notifications were received from Medical Officers of Health to the following Authorities :—

County of London	...	...	15	County Borough of Eastbourne	...	1
County of Kent	...	...	3	County Borough of Hastings	...	1
County Borough of Brighton	...	...	7	Rural District of Chailey	...	1
County Borough of Croydon	...	...	1	Rural District of Uckfield	...	3

that milk from farms in the County Administrative Area, consigned to, or produced in, the areas of the above Authorities, was suspected or found to be tubercle-infected on bacteriological examination. It will be seen from the above details that twenty-eight of the notifications were from Local Authorities outside the County Area.

The investigations in connection with these notifications involved the examination of 1,343 dairy cattle and concerned 34 farms, also supplies to 5 wholesale depots. 352 samples of milk were taken and submitted for examination, 127 from individual cows, 139 control samples from the milk of individual herds, and 86 group farm samples from consignments of milk in course of delivery to wholesale collecting depots.

As the result of these investigations, 12 cows were found to be suffering from tuberculosis ; 5 on clinical examination and 7 following the examination of milk samples. These animals were

notified and subsequently slaughtered under the Tuberculosis Order, and in 11 cases, tuberculous lesions were found in the udder substance.

**(b) The Milk and Dairies Order, 1926.**

The results which may be obtained following routine inspection of dairy cattle under the Order are of great value in eliminating cows suffering from tuberculosis during the stage when their condition gives little or no indication to the owners that they are tuberculous, and the other diseases affecting cows as laid down in Part IV, Article 11, may in addition be dealt with, as these are also potential sources of danger affecting the milk supply.

During the year 359 farms were visited, 6,651 cows in milk, and 1,230 dried-off or in-calf cows were examined. Eighty-seven samples of milk from individual cows and one mixed sample were submitted for bacteriological examination.

In the above figures are included inspections which have been carried out as the result of information received that calves or pigs had been found on slaughter to be diseased and suffering from tuberculosis, and post-mortem examination suggested that the disease had been caused by milk feeding. Information was received respecting 8 calves and 3 pigs and involved examinations at 14 farms. Investigations with regard to the calves were successful in 3 instances, the mother of the calf in each case being found to be suffering from tuberculosis, and giving tubercle-infected milk; in one other case the cow had been removed for slaughter, and from subsequent enquiry it was ascertained that this animal was diseased with lesions present in the udder. With respect to the remaining four cases, it was not found possible to trace the source of infection. The investigations undertaken concerning the 3 cases of diseased pigs were unsuccessful in so far as the possibility of infection by milk feeding arose.

Under the Order 16 cows were found to be suffering from scheduled forms of tuberculosis, and in every case giving tuberculous milk. These were notified and slaughtered under the Tuberculosis Order.

The statistics in the following Table show that during the year, veterinary inspection of dairy cattle within the County has been carried out to a greater extent than hitherto. This is due to the increased activity in connection with the duties of routine inspection under the provisions of the Milk and Dairies Order.

**TABLE XXIX.**

Particulars of Investigations.	Period.			
	Five years 1926-1930.	Year		
		1931.	1932.	1933.
I. Number of Farms Visited ... ... ... ... ...	296	75	281	393
Number of Cows Examined ... ... ... ...	8000	1322	4530	9224
Number of Cows : Milk Tested ... ... ...	788	248	130	214
Number of Cows found to be Tubercular :—				
(a) Clinically ... ... ... ...	9	4	4	13
(b) By Milk Test ... ... ...	43	14	9	14
(c) By Examination of Sputum ... ...	—	—	—	1
II. Number of Milk Samples submitted to Test :—				
(a) Individual Samples ... ... ...	613	533	322	214
(b) Control and Group Farm Samples ... ...	136	291	209	226

In the following Table is shown the total number of cows which have been slaughtered since the year 1926, under the provisions of the Tuberculosis Order, 1925. Of the total cows slaughtered, 111 were discovered by procedure under the Milk and Dairies Acts and Order, 28 of these being dealt with during the year under review.

**TABLE XXX.**

	Five Years 1926-1930.	Year.			Total.
		1931.	1932.	1933.	
Slaughtered ... ... ... ...	1644	239	204	207	2294
Found to be Tuberculous ... ... ...	1618	235	200	203	2256
With Lesions in the Udder ... ...	390	59	44	67	560

**MILK (SPECIAL DESIGNATIONS) ORDER, 1923.**

Licences to use the designation "Grade A" in the production and bottling of milk are granted by the Agricultural Committee of the County Council. At the end of the year ten producers were licensed to supply "Grade A" milk in bulk, and seven licensed to produce and bottle their supplies.

In addition, the Ministry of Health, who are the licensing authority in connection with the higher grades of milk, have issued five licences for the production and bottling of "Certified Milk," one for "Grade A (Tuberculin Tested) Milk," and six for the latter grade in respect of production and supply in bulk only.

### **HOUSING.**

During the year under review the erection of houses with State assistance was undertaken by four Local Authorities. A total of 50 houses was erected by these Authorities and 50 others were also provided by private enterprise. In addition, 1,932 were provided by private enterprise without State assistance and 184 additional dwellings by conversion of existing premises into flats, making a total of 2,216 houses provided. This is an increase of 256 houses as compared with the total provided in 1932.

#### **Inspection of Dwelling-houses under the Housing Consolidated Regulations, 1925-1932.**

The total number of dwelling-houses inspected during the year by Officers of the Local Sanitary Authorities for housing defects under the Public Health or Housing Acts amounted to 6,639, and of these 3,764 were inspected and recorded under the above Regulations. The number of houses found to be unfit for human habitation was 213. With respect to houses falling within this category, Demolition Orders were made in respect of 25, nine of which were demolished in pursuance of the Orders. Undertakings were also accepted from the owners of 14 others to render the houses fit for habitation, and as regards 17, to use them for other purposes than for human habitation. One house was also dealt with by Closing Order. The total number of other houses found not to be in all respects reasonably fit for human habitation was 2,001. With respect to defective dwelling houses dealt with during the year, 1,866 were rendered fit in consequence of informal action, 76 in consequence of action under the provisions of the Housing Act, 1930, and 190 following proceedings under the Public Health Acts, a total of 2,132.

In connection with sixteen houses subject to Closing Orders previously issued under the provisions of the Housing Act, 1925, five houses were rendered fit and the Orders concerning these were determined.

At the time of compiling the foregoing, the statistics relating to housing conditions in the Battle Urban District are not available.

#### **Housing Act, 1930—Section 34.**

Provision is made under Section 34 of the above Act of 1930, that, where a Rural District Council adopt proposals for the provision of houses, and where any they propose to provide in the district are required for the accommodation of the agricultural population, the County Council shall undertake to make a contribution of one pound per house for each of the forty years following the completion of such houses. This, which is in addition to any Government Grant, should go far towards providing houses at such rents as the Rural Worker can economically pay.

These provisions came into operation on the 16th August, 1930, but up to the end of 1933 no applications for assistance had been received by the County Council under this Act.

#### **Housing (Rural Workers) Acts, 1926-1931.**

The County Council are the Authority for the administration of the scheme formulated under these Acts for the improvement of housing accommodation.

The total number of applications up to the end of 1933 was 68, of which 14 were refused and 2 withdrawn. In the remaining 52 cases the total assistance made by way of grants amounted to £4,067 6s. od. No assistance by way of loans was given by the County Council.

### **WATER SUPPLY.**

The Meteorological Records set out in Table XXXIV shew the rainfall at recording stations for the year 1933 to have been well below the average, and as the County is entirely dependant upon its own rainfall for water supplies, little water becoming available from outside sources, any untoward decrease in the rainfall becomes a matter of serious concern, having regard to its ultimate effect upon the underground water bearing strata from which public supplies are obtained.

The Water Undertakings and supplies in the County, following an investigation and survey, formed the subject matter of a report by the County Health Inspector during the year. This report indicated that there was a definite need for the provision of supplies or for the improvement of existing supplies in certain parts of the County. The matter was receiving the close consideration of the County Council at the end of the year.

Several investigations were also undertaken in connection with individual supplies arising out of insufficiency or suspected impurity.

During the latter part of the year a Bill was promoted to confer powers on the Chailey Rural District Council with reference to the construction of waterworks and the supply of water in a portion of the district where the provision is much needed.

### **RIVERS POLLUTION PREVENTION ACTS, 1876-1893.**

#### **RIVERS POLLUTION—SEWERAGE AND SEWAGE DISPOSAL.**

The dearth in the rainfall during the year had a marked effect upon the flow in practically all the main rivers in the County. In some of the smaller tributaries the flow became almost negligible and in others it entirely ceased.

Constant observations of the rivers and streams have been made during the year and where necessary, samples of both stream waters and sewage effluents have been taken and submitted for examination.

Representations have been made in several instances with respect to the admission of polluting matters to streams, and in some cases adequate measures of prevention have been taken and in others the question of improvement is under consideration, or the provision of works are pending. At the same time there are a few instances of pollution by domestic sewage, where the question of improvement is long overdue and particularly is this the case as regards the Darwell Stream at Robertsbridge in the parish of Salehurst, a tributary of the River Rother. This matter was referred to in the Annual Report for 1931, and although at that time a scheme for works of sewerage and sewage disposal had been prepared, no decision had been made by the Rural Council to proceed with the proposals up to the end of 1933. In consequence of the re-arrangement of Local Government Areas which was made in 1934, this matter now falls within the purview of the Battle Rural District Council and in the circumstances it should receive their early consideration.

The provision of works of sewerage and sewage disposal in the county administrative area resulted in several applications being made to the Ministry of Health for sanction to loans, respecting which Local Inquiries were held. The total amount involved was £80,235, which included £20,000 for the construction of new works within the County Area, by the Borough of Royal Tunbridge Wells, Kent. Particulars of the proposed works which local authorities decided to undertake are given in the following Table.

There is, in addition, however, much work under consideration which will eventually have to be carried out. The progress made in this direction should result in considerable improvement to the districts concerned.

TABLE XXXI.

Ministry of Health Inquiries respecting Loans for Works of Sewerage and Sewage Disposal.

Date of Inquiry.	Local Sanitary Authority.	Purpose of Loan.	Amount applied for.
1933. 3rd Jan. 16th May	Seaford U.D. Royal Tunbridge Wells Borough, County of Kent.	Sewerage, Pumping Station and Plant... Sewerage and Sewage Disposal (Parish of Frant, East Sussex, provision and construction of new Works at the Southern Outfall in place of the present land treatment)...	£ 5460
7th June 1st Aug. 2nd "	Bexhill Borough. East Grinstead R.D.	Sewerage ... Sewerage and sewage disposal (West Hoathly) ... Sewage disposal and pumping plant (Forest Row) ... Provision of new sewers ... Sewerage and sewage disposal (Wadhurst). (Part of a comprehensive scheme) ...	20000 27300 10526 4696 3200 9053
17th Oct. 7th Nov.	Rye Borough. Ticehurst R.D.	Total ...	£80235

#### FOODS AND DRUGS (ADULTERATION) ACT, 1928.

This Act is administered by the General Purposes Committee of the County Council, and not by the Public Health and Housing Committee.

The subjoined summary shows the number of samples taken for analysis under the Food and Drugs (Adulteration) Act, 1928, during the year 1933, together with the number of adulterated samples detected:—

TABLE XXXII.

Article Analysed.	Number of Samples.	Report of Analysis.		Greatest Amount of Adulteration of any one sample.
		Genuine.	Adulterated.	
<b>FORMAL SAMPLES.</b>				
Cream	...	...	1	1
Milk	...	356	307	49 (a)
Milk (skimmed)	...	1	1	0
<b>INFORMAL SAMPLES.</b>				
Butter	...	1	1	0
Cream	...	1	1	0
Camphorated Oil	...	2	2	0
Jam	...	1	1	0
Milk	...	28	0	28 (b)
Milk (skimmed)	...	1	1	0
Sausages (Pork)	...	1	1	0
Sugar	...	2	2	0
Tea	...	2	2	0
Whisky	...	3	3	0
Formal Samples	358	309	49	
Informal Samples	42	14	28	
Totals	400	323	77	

(a) One sample was deficient in fat 31.3% and another in solids not fat 29.4%.

(b) One sample was deficient in fat 33.3% and another in solids not fat 28.2%.

### **PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS.**

Ninety-nine samples were taken and examined under the Public Health (Preservatives, etc., in Food) Regulations during the year. Eleven samples contained varying amounts of preservatives within limits laid down by the Regulations. In none of the other samples examined was preservative present. In addition to the samples taken and examined under the Regulations, all milk samples taken under the Foods and Drugs (Adulteration) Act, 1928, and included in Table XXXII above, were tested for preservatives and artificial colouring matter, with negative results in every case.

### **AMBULANCE FACILITIES.**

#### *(a) For General Non-Infectious Cases.*

One motor ambulance is maintained by the East Sussex County Council at the Southlands Hospital, Shoreham. This is used for the transport of cases to and from the Hospital and also for the transport of cases of tuberculosis to and from the Darvell Hall Sanatorium. The voluntary ambulances in the County are mainly those of the British Red Cross Society or the St. John Ambulance Association.

British Red Cross Society ambulances are stationed at Crowborough, East Grinstead, Haywards Heath, Hove, and Uckfield. St. John ambulances are stationed at Battle, Eastbourne, Hailsham, Hastings, and Lewes. Other ambulances available are:—Brighton Police; Hove Police; Newhaven and District Nursing Association; Haywards Heath Cottage Hospital; Hill House Hospital, Wadhurst; Lewes Borough Council; Heathfield; and three private ambulances, one at Eastbourne, and two at Hove.

The County Health Department makes use of the Red Cross and St. John ambulances when the County ambulance is not available, or when the use of another ambulance is more convenient.

#### *(b) For Infectious Cases.*

Motor ambulances for infectious cases are provided at the following Isolation Hospitals:—Chailey; High Grove, East Grinstead; Lewes; Hastings Sanatorium; Deans Farm, Hurstpierpoint; and Hove Isolation Hospital. A motor ambulance is provided when necessary by arrangement with a local garage or otherwise for the transport of patients to the East Sussex Western Smallpox Hospital, Plumpton, and to the Isolation Hospitals at Bexhill, Willingdon and Hailsham. At the Newhaven and Udimore Isolation Hospitals horse-drawn ambulances are available.

The ambulance service provided in the County appears to be quite adequate for the needs of the district, and no instance of any undue delay in obtaining an ambulance when required has been reported.

### **NOTE ON INQUESTS HELD IN THE LEWES CORONER'S DISTRICT DURING THE YEAR 1933.**

BY EDWARD FITZWILLIAM HOARE, M.D., Ch.B., Barrister-at-Law.

The number of deaths reported to the Coroner during the year, for his investigation, was 542, an increase of 14 on the previous year. Of these, 204 were deaths in Mental Hospitals, on 1 of which inquest was held; investigation was made in 9 cases; postmortem examination in 1, in the remaining 193 the medical certificate of death was accepted.

The remaining deaths, therefore, of "other persons" and "inmates of other institutions" were 338, of which 197 were dealt with by enquiry, doctors' reports and post-mortem examinations (37), the remaining 141 involving inquest.

These 141 inquests were on 92 males and 49 females, this being the same number of females as the previous year, but 9 less males. The number of inquests on females would have been lower but for an increase in the female accident rate. The decrease in male rate was due to a smaller suicide rate.

The verdicts returned were 140, as follows below, one inquest had no verdict, being adjourned under Section 20, Coroners' Act, certain persons being charged with murder of the deceased.

The Verdicts were:—

- (a) *From Natural Causes*—2.
- (b) *Criminal Acts*—Murder, 1; Suicides, 39; Manslaughter, 0.
- (c) *By Exposure*—1.
- (d) *Drug Taking*—2.
- (e) *Want of Attention at Birth*—2.
- (f) "*Open Verdict*"—6.
- (g) *Misadventure*—87 (51 males and 36 females).

These include 1 case of over-lying and 5 cases in infants under 24 hours old, which all fall under the heading of misadventure.

In addition to the post-mortem examination in "enquiry" cases, there were also 14 in these inquest cases—a total of 51.

*As to Group (a).* These had unusual circumstances which presented the possibility of death not being obviously "natural." One of them was of a prisoner from Lewes Gaol.

*As to Group (b). Murder:* The murder verdict in 1933 was one concerning a child some few days old, who had been deliberately strangled and then concealed. No trace of the person so acting was found.

*Murder:* In a case adjourned from the previous year, under Section 20, the accused were committed for trial at the Assizes, and both found guilty of murder. Their appeal against sentence was dismissed by the Court of Appeal.

*Suicides.* The rate shows a gratifying decrease from 56 last year, being a drop of 17 consisting of 12 males and 5 females less. The total 39 cases being 31 males and 8 females. This is the lowest rate for my district since 1929, and it will be interesting to see if the returns for the whole country show a decrease and whether the total rate does bear a definite ratio to periods of economic stress. Up to the present the total rate has been increasing, and it is significant that for 1934 the Home Office desires Coroners to make a return of the ages of all suicides. Without this accurate analysis it is impossible to determine whether suicide ages correspond with wage-earning ages. My own returns show an average age for males of 51.8 years and for females an average of 50 years, the youngest male being 26 and oldest 78, the youngest female 34 and the oldest 61. From these figures it would appear that the suicide age was well past the maximum earning ages, but it might be that at an age when earning capacity was diminishing and the dread of losing work increasing, the tendency to "finding a way out" is increased, but as far as these age figures go, they do not indicate that unemployment at maximum earning ages has been a contributory factor. My analysis of causes still shows financial and domestic worry as not a large factor, whereas disease and dread of it appear the larger factor in causation. Mental instability equals it and only if one accepts the view that unemployment and its associated under-feeding actually causes mental unsoundness, can one see a definite relation between unemployment and suicide. Disease and dread of it are frequent in males and as a causative factor it tends to increase the age incidence as well as the total figure.

Causation and methods were as follows:—

Causation.	Males.	Females.	Methods.	Males.	Females.			
1. Nervous instability	...	7	5	1. Gassing	...	...	7	5
2. Disease or dread of	...	11	1	2. Hanging	...	...	10	0
3. Worry (financial, domestic)	7	1	3. Drowning	...	...	6	0	
4. Grief (bereavement, etc.)	4	0	4. Poisoning	...	...	2	2	
5. Drink or drugs	...	1	5. Under vehicles	...	...	3	0	
6. Love	...	0	6. Height jumping	...	...	2	0	
7. Insomnia	...	0	7. Throat cutting	...	...	1	1	
8. Loneliness	...	1	8. Shooting	...	...	0	0	
	31	8		31	8			

Two of the total were verdicts of "felo de se"—the act being deliberate without any evidence of state of mind.

There was a recrudescence of train suicides. With one exception, the dread of disease was confined to males. Curiously enough, the two cases caused by drug taking did not terminate by similar drugs, but by other methods. The poisons used were Lysol, Ammonia and Paraldehyde.

Gassing and hanging were the methods of choice but dependent on availability rather than selection. In the above table causation and method bear no relation to one another being merely arranged in order of frequency.

*Manslaughter:* No such verdict returned, but one motor fatality resulted in the driver being charged (in the Magistrates' Court) and sent to Assizes, and there sentenced. The Court of Appeal subsequently disallowed an appeal and concurred in both verdict and sentence.

*As to Group (c).* The one example was that of old man "living rough" at his own wish who succumbed to the cold weather.

*As to Group (d).* These two persons died as result of self administration of narcotic drugs, they were not suicidal, but they, with the other two examples of drug addiction leading to suicide, illustrate the "liberty of the subject" to obtain lethal drugs, outside the scope of the Poison Act.

*As to Group (e).* Curiously enough, in one of these, the "inattention" was in the case of a legitimate birth.

*As to Group (f).* These were mostly drowning cases, where there was no evidence of how deceased got into the water, but in all there was very suspicious presumptive evidence of suicide.

*As to Group (g). Misadventure:* These were 87, compared to last year's 80. Males, 51; females, 36; compared to previous year, males, 50; females, 30; so the total increase is mainly due to an increased female rate, and analysis of the causes shows the increase to be due to "other accidents," not motor accidents.

The total motor and motor cycle accidents was 36, leaving 51 fatalities from other causes, compared to last year's 40 and 40 respectively—that is, road accidents were 4 less, but other accidents 11 more.

The road accidents involved 25 males and 11 females, the other accidents involved 26 males and 25 females. The drop in road fatalities was due to 4 less motor accidents—the motor-cycle rate being the same as the year before, namely, 14.

It is of interest to note that for the last 5 years there have been 455 accidental deaths, and though public interest has been focussed on the 184 due to road fatalities, but little notice has been taken, until recently, of the 271 due to other causes.

During the last year the "Safety First" Association has asked Coroners for returns of fatalities, other than road, rail or industrial, classed broadly as "Home Accident," and as I have held for some time past that a large number of this group are preventable, I desire to draw attention to the analysis of the "other causes," with a few notes on particular causes.

Falls.		Drowning.		Burns.		Scalds.		Fires.		Poisons.		Gas.		Suffocation.		Other.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
8	13	9	6	—	2	—	1	—	1	—	1	—	1	—	1	—	1
21		15		2		1		1		1		1		1		8	Total 51

*Falls* : These, in most cases, are in elderly people at home, and at least half of these were preventable by the exercise of more care, and arise from causes like frayed carpets, unrubbered stick ends, loose floor tiles, slippery surfaces, using chairs in place of step ladders.

One of this group was an industrial accident, and resulted in a fine of £25 for breach of the Factory Act.

*Drowning* : These are of special importance to the community in general, as the lives lost are those of young persons of good physique and courage, in the majority of cases. I have no hesitation in saying that all these lives were lost by a reckless disregard of commonsense and were all preventable. It is the female loss of life here that has increased the total accident death rate. The causes were such actions as :—Going out of depth of non-swimmers, over-confidence in swimmers, diving in without noticing the bottom, and in 3 cases bathing when liable to epilepsy.

*Burns and Scalds* : There were only 3 of these, and, perhaps all things considered, two were, in the exigencies of human affairs, unavoidable, the third was due to a structural defect in a stove.

*Fire* : This was an unforeseeable tragedy, where a cottage and its inmate were destroyed by fire.

*Poison* : Disinfectant tablets taken in error for headache ones. An example of the importance of such drugs being coloured ; these particular ones for many years have been so distinguished, but those concerned were pre-war, when they were uncoloured.

*Gas* : One of the rare accidental domestic gas cases as considering the multiple uses of gas, it is not often fatal except where used with that intention.

*Suffocation* : Unavoidable, and not a case of "over-laying," infant being in a cot.

*Other Causes* : A miscellaneous group—4 train accidents, 1 racing accident—these not "home accidents," and an accidental blow, buried in sandpit, and 1 case only of "overlying."

Of the total 51 casualties, at least half were avoidable, and it is to be hoped that the educational methods taken by the "Safety First" Association will result in a lessening of this class of accident.

These observations do not imply that the other 36 road fatalities were "bound to happen," many of them, too, could have been avoided by the exercise of sounder judgment, especially in the matter of speed in unsuitable circumstances and from an impartial survey of all this group, there appears good ground for the re-introduction of local speed limits and the *introduction of a fixed speed limit over areas shown to need caution by the "white line."*

The modern road with its perfect surface and banked curves is a tacit invitation to motorists to speed, and I cannot feel it to be unnecessarily irksome to them, that, where a warning white line is approached speed should be reduced to a definite and fixed limit, to protect other road users, round the bend or often on the verge, in what they fondly believe to be a safe place. Even if the urgency of their affairs is so very pressing, motorists can easily make up the few moments sacrificed for others' safety, in the miles of clear road to follow. In face of the protests which may arise, I maintain that it appears that the white line at present only suggests to car and cycle drivers to keep inside it, but speed and careful driving are given less consideration.

The extended use of coloured lights has not, in this area, at least, been the cause of any fatalities, but if they are to continue to be used, the drastic elimination of coloured trade signs near by should receive consideration.

The observations here made are based on the history of accidents actually occurring, and as one whose waking hours are mostly spent "on the road" and whose duty it is to see the mutilated and dead victims of such accidents, it is impossible not to feel that the urge for hurry needs to be controlled by consideration for the lives of others.

*Expenses incurred by the Coroner*. These were £672 6s. 4d., compared to £737 4s. 7d.—a decrease of £54 18s. 3d. The average cost for last 5 years being £705 per annum.

### TABLE XXXIII.

## **Return of Inquests** held in the Administrative County during 1933.

TABLE XXXIV.

## Meteorological Data, 1933.

RECORDING STATION.	DETAILS SUPPLIED BY	RAIN GAUGE. Diameter of funnel: height above ground; and above sea level.	RAINFALL IN INCHES.												
			January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
LEWES ... ...	J. T. P. Johnston, Esq.	8 inches. 15 inches. xx.34 feet.	2.67	2.77	2.69	1.09	2.00	2.57	2.11	1.94	3.91	2.36	1.20	1.05	<b>26.36</b>
COXLOW, HOREHAM ROAD.	Miss P. C. Harrison	5 inches. 12 inches. 260 feet.	2.47	2.04	2.51	1.14	1.35	1.60	2.33	0.99	3.96	1.97	1.42	1.07	<b>22.85</b>
HIGH CROSS, FRAM- FIELD.	R. L. Thornton, Esq. C.B.E.	5 inches. 12 inches. 200 feet.	2.28	2.50	2.42	0.85	1.48	1.75	2.16	1.12	3.70	2.45	1.14	0.99	<b>22.84</b>
SEAFORD ...	Surveyor, Seaford U.D.C.	5 inches. 12 inches. 45 feet.	1.87	1.79	1.69	1.11	1.43	1.74	1.06	0.81	3.63	2.42	0.88	0.88	<b>19.31</b>
BEXHILL ...	H. J. Sargent, Esq.	8 inches. 12 inches. xx.98 feet.	2.10	1.60	1.84	0.94	2.81	1.43	1.09	0.97	4.22	2.42	1.41	1.05	<b>21.88</b>
SOUTH RIDGE, HEATHFIELD ...	P. Lennox Wright, Esq.	8 inches. 11 inches. 540 feet.	2.59	2.76	3.10	1.29	1.62	2.33	2.75	1.32	5.33	1.67	1.59	1.16	<b>27.51</b>
DARVELL HALL SANATORIUM, ROBERTSBRIDGE	Dr. J. R. Dingley	5 inches. 3 feet. xx.00 feet.	1.62	2.25	2.99	0.87	1.99	1.25	2.04	0.91	3.19	1.54	1.32	0.69	<b>20.66</b>